



# MOTOR CYCLE INSURANCE CLAIM FORM

## INSURED DETAILS

Broker .....

**INSURED / REGISTERED OWNER** ..... **CLIENT Ref.** .....

Postal Address ..... **POLICY No.** .....

..... **EXPIRY DATE** .....

Contact Telephone No. Home (0 ) ..... Business (0 ) ..... Mobile (0 ) .....

Fax No. (0 ) ..... Email Address .....

Name of any other party with financial interest in the vehicle: ..... Occupation .....

## MOTORCYCLE DETAILS

### DETAILS OF THE INSURED MOTORCYCLE:

Make ..... Model ..... Warrant of Fitness Expiry .....

Year ..... Registration No. ....

For what purpose was the Insured Motorcycle being used? .....

## RIDER DETAILS

### ESSENTIAL DETAILS OF INSURED RIDER OR PERSON IN CHARGE AT TIME OF ACCIDENT OR LOSS:

Given Names Mr/Mrs/Miss/Ms. .... Surname .....

Date of Birth ..... Relationship to Insured ..... Occupation .....

Home Address .....

License No. .... TYPE: Learner  Restricted  Full  Classes Covered .....

Have you had your license cancelled / suspended / endorsed at any time? No  Yes  Details .....

### DETAIL ALL TRAFFIC OFFENCES (other than parking) INCURRED BY YOU WITHIN THE LAST 5 YEARS. (if none state nil)

| Date  | Offence(s) | Court Action |
|-------|------------|--------------|
| ..... | .....      | .....        |

### DETAIL ALL MOTOR ACCIDENTS or Motor Claims (other than windscreen breakage) that you have been INVOLVED IN DURING THE LAST 5 YEARS (if none state nil)

| Date  | Details |
|-------|---------|
| ..... | .....   |

## INTOXICATING LIQUOR AND DRUGS

### DETAIL ALL INTOXICATING LIQUOR AND/OR DRUGS (prescribed or otherwise) TAKEN BY YOU IN THE 12 HOURS PRIOR TO THE ACCIDENT. (if none state nil)

.....

## POLICE

### DO THE POLICE HAVE KNOWLEDGE OF THIS INCIDENT? If so, state name of Officer and File Number (Please attach Police Report if available)

Did the Officer attend the accident or did you report it to them? Yes  No  Name any Driver asked to undergo any test for alcohol or drugs: .....

Have Police issued a notice of intended prosecution or given a warning? Yes  No  To whom? .....

## DETAILS OF ACCIDENT OR LOSS

**LOCATION:** (e.g. Street): ..... Suburb or Town: .....

**TIME:** ..... a.m./p.m. **DATE:** ..... Day of the Week: .....

Speed prior to braking ..... Km.p.h. Approx. Speed on impact ..... Km.p.h.

**DESCRIBE IN DETAIL HOW THE ACCIDENT OCCURRED:** .....

.....

Was the road surface sealed?: Yes  No  Weather: ..... Road Surface Condition: Wet  Dry

Were your headlights switched on and functioning?: Yes  No

Do you consider the other driver responsible for the accident? Yes  No  Reason? .....

.....

## SKETCH PLAN OF ACCIDENT

### SKETCH PLAN OF SCENE OF ACCIDENT (Not required for Fire or Theft)

Indicate: 1. The layout of the roads and road names. 2. Road signs and markings. 3. Position of vehicles at impact. 4. Path vehicles travelled. 5. Identify your vehicle:



Other vehicle:

Reg No.



## DAMAGE TO YOUR MOTORCYCLE

### FULL DETAILS OF DAMAGE OR LOSS TO INSURED MOTORCYCLE etc.

Who is your preferred motorcycle repairer? .....

Have you obtained an estimate for the repairs? Yes  No

Amount of estimate obtained? \$ .....

Where is the motorcycle currently? .....

Has Star Insurance been contacted regarding the loss and/or have We been given the opportunity of appointing an independent assessor or loss adjuster (if required)?

Yes  No

## OTHER DRIVER - VEHICLE - PROPERTY

### DETAILS OF OTHER DRIVER, VEHICLE AND/OR PROPERTY:

**OTHER DAMAGED PROPERTY:** Owner: ..... Driver .....

Address: ..... Phone No. ....

Registration No.: ..... Make: ..... Model: .....

Damage to vehicle: .....

Repair Estimate \$ ..... Insurance Company ..... Policy No. ....

## FURTHER PARTICULARS / OTHER DETAILS

### IT IS IMPORTANT THAT NAMES AND ADDRESSES ARE OBTAINED WHETHER THE DRIVER CONSIDERS HIM/HERSELF TO BLAME OR NOT.

Passengers in Insured Vehicle:  
Name(s) and address(es) / other details .....

## WITNESSES

### IT IS IMPORTANT THAT NAMES AND ADDRESSES ARE OBTAINED WHETHER THE DRIVER CONSIDERS HIM/HERSELF TO BLAME OR NOT.

**INDEPENDENT WITNESSES:**  
(Name(s) and address(es)) .....

## PRIVACY ACT

### Pursuant to the PRIVACY ACT 1993 the following is brought to your attention:

- (a) This claim form collects personal information about you;
- (b) The information is collected to evaluate your claim;
- (c) The intended recipient of the information is Star Underwriting Agents Ltd and Lumley General Insurance (NZ) Ltd;
- (d) The information is being collected and held by Star Underwriting Agents Ltd and

- Lumley General Insurance (NZ) Ltd and as applicable
- (e) The collection of this information is required pursuant to the terms of your insurance policy
- (f) The failure to provide this information may result in your claim being declined;
- (g) You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993

## DECLARATION

### I/WE DECLARE THAT:

- The information given in this form to be correct.
- I/We agree that, should there be any dispute over any payment of this claim, Star Underwriting Agents Ltd and Lumley General Insurance (NZ) Ltd shall be entitled to submit the dispute to arbitration.
- I/We authorise and request the New Zealand Police to release to Star Underwriting Agents Ltd and Lumley General Insurance (NZ) Ltd, copies of any or all documents held by the New Zealand Police relating to the incident giving rise to this claim. If necessary this authority should be treated as a formal request pursuant to the Official Information Act, 1982.
- I/We authorise the disclosure of personal information held by any party regarding this claim.
- I/We agree to Star Underwriting Agents Ltd and Lumley General Insurance (NZ) Ltd releasing to other parties personal information regarding this claim.
- I/We authorise Star Underwriting Agents Ltd and Lumley General Insurance (NZ) Ltd and/or authorised agent to give or obtain from other insurers or other parties any information relating to any insurance held or claim made.
- I/We authorise Star Underwriting Agents Ltd and Lumley General Insurance (NZ) Ltd to check against the Insurance Claims Register and to place information on the Insurance Claims Register and to place information on the Insurance Claims Register which other insurers can access.

**Note: Failure to provide full and correct information could result in your claim not being accepted.**

Insured(s) Signature  
(if company, state position) ..... Rider's Signature ..... Date .....

Please return this form promptly to Star Insurance, with all questions on the front and back fully answered.