

Attached is the claim form that you will need to fill in and send back to [claims@kiwibike.co.nz](mailto:claims@kiwibike.co.nz)

**PLEASE CAREFULLY READ THROUGH THE FOLLOWING INFORMATION – This information will help assist us to process your claim promptly and avoid delays.** If you have any questions, do not hesitate to contact us, we are here to help.

To support your claim please provide the following information:

- 1) The **CURRENT** location of your bike \_\_\_\_\_  
\_\_\_\_\_
- 2) Your chosen repairers name and address \_\_\_\_\_  
\_\_\_\_\_
- 3) Do you require the bike to be towed to the repairer? Yes  No

If you are claiming for damaged riding apparel, please provide the following information in the table below and include original receipt/invoice for each item. If you do not have proof of purchase, then a quote for replacement gear for a bike shop will be sufficient.

**WE WILL NEED PHOTOS OF THE DAMAGED GEAR**

MAKE	MODEL	AGE	COST (Approx)	PHOTO ATTACHED
<i>e.g ARAI Helmet</i>	<i>RX-7X</i>	<i>2 years old</i>	<i>\$700.00</i>	<i>✓</i>

**CHECKLIST:**

- 1) A copy of your driver's licence, front and back
- 2) Police Acknowledgment Document (if applicable)
- 3) Photos of damaged riding apparel and receipts/invoice (if applicable)

**PLEASE MAKE SURE THE DOCUMENTS HAVE BEEN SIGNED IN THE REQUIRED AREAS**





Please note: We gather information about you (including your claims history) to consider your claim. The terms of your insurance policy require you to supply this information, and if you do not provide it, or if you have provided any false or untrue information it might affect your rights under your policy with us.

Please complete this to the best of your knowledge. Insurance fraud is a crime, please ensure that all information is complete and correct.

## Vehicle Claim Form

Phone: 0800 250 600  
Email: claims@starinsure.co.nz

### Broker Details:

Brokerage: \_\_\_\_\_  
Broker Name: \_\_\_\_\_  
Broker Claim Reference: \_\_\_\_\_

Page 1 and 2 of this document must be completed in full in order for your claim to be processed.

### Insured details: Full details of Insured/Owner

Policy Holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Physical address: \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
\_\_\_\_\_ Email address: \_\_\_\_\_  
\_\_\_\_\_ If company, contact name: \_\_\_\_\_

### Vehicle details

Reg No. \_\_\_\_\_ Year \_\_\_\_\_ If your vehicle is financed or leased, please name your finance or lease company below: \_\_\_\_\_  
Manufacturer / Model \_\_\_\_\_  
\_\_\_\_\_ Expiry Date: \_\_\_\_\_

### Driver details: Full details of insured driver or person in charge of insured vehicle at the time of accident or loss

Full name: \_\_\_\_\_ License Number \_\_\_\_\_ Version Number \_\_\_\_\_  
Date of Birth (DD/MM/YR) \_\_\_\_\_ License issuing authority: \_\_\_\_\_  
Relationship to Policy Holder \_\_\_\_\_

### Declaration questions: You should not disclose any information about offences that can be withheld under the Criminal Records (Clean Slate) Act 2004.

- Had you taken any intoxicating liquor and/or drugs (prescribed or otherwise) within the 12 hours prior to the accident? Yes  No
- Have you ever been convicted of any traffic or criminal offenses (other than parking) within the last five years? Yes  No
- Have you ever had any motor accidents or claims including theft (other than windscreen breakage) within the last five years? Yes  No
- Have you been disqualified from driving, or had licence endorsed cancelled or suspended within the last 5 years? Yes  No
- Was the vehicle being used without the policyholders consent? Yes  No
- Is the vehicle modified in any way or have pre existing damage? Yes  No
- Have you been refused vehicle insurance or had a policy cancelled? Yes  No

If you answer "YES" to any of the questions above, please provide full details (Please include dates for any offences/accidents listed)

### Accident location details

Location: \_\_\_\_\_ Suburb / Town: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ Road surface: Dry  Wet  Sealed  Unsealed   
Speed (kmph) prior to braking: \_\_\_\_\_ Approx speed on impact: \_\_\_\_\_ Weather conditions: Fine  Raining  Fog  Overcast  Strong Wind

### Passengers: (Please use supplementary pages if required)

Were there any passengers in insured vehicle? Yes  No   
Name / Address / Phone: \_\_\_\_\_

### Independant Witnesses: It is important that names & addresses are obtained whether the driver considers him/herself to blame or not.

(Please use supplementary pages if required)

Name: \_\_\_\_\_ Known to you: Yes  No   
Address: \_\_\_\_\_ Phone/Mobile: \_\_\_\_\_  
\_\_\_\_\_ Email address: \_\_\_\_\_

Turn to next page and complete.

## Accident details (Please use supplementary pages if required)

Describe the accident:

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Was any warning (horn signals etc) given by any person? Yes  No

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

If Yes, please give details:

Sketch plan of accident:

(Please use supplementary pages if required)

Details of damage or loss to insured vehicle  
(indicate where insured vehicle is damaged):

(Please use supplementary pages if required)

## Other property: Full details of damage to other driver vehicle or property

Property or vehicle owned by:

Phone:

Vehicle make / model:

Email:

Reg No:

Contact Address:

Driver's full name:

Their insurance company:

Describe any damage caused to other property or vehicle(s):

What, if any, details or information have you provided to the other party:

## Police

Did the Police attend the scene of the accident? Yes  No

Do the Police have knowledge of this incident? Yes  No

Name & number of officer:

Did any driver undergo any test for alcohol or drugs? Yes  No

Email:

Have the Police issued a Notice of Intended Prosecution, or give any verbal warning? Yes  No

Police Acknowledgement file number:

Address of station:

## Declaration and Signature: Pursuant to the Privacy Act 2020

For policies issued before 1st July 2022 or renewed before 1st August 2022, your insurer is Vero. For all other policies your insurer is Berkshire Hathaway Specialty Insurance Company I/We:

- Declare to the best of my/our knowledge and belief all information given to Star Insurance Limited (Star) who acts as agent for the insurer and/or any other party(ies) authorised by Star or the insurer to receive information from me in connection with this claim (whether this information is supplied orally or is written) is complete, true and correct and no information relevant to the claim is omitted.
- Agree to provide any further information that may be required by Star, the insurer or any other party(ies) authorised by Star or the insurer to receive information and/or to process this claim
- Authorise the disclosure of this information to other parties, including parties with a financial interest, private investigators, crown authorities, advisors, repairers or parties involved in replacing the subject matter of this claim.

- Authorise the obtaining personal information about me/us that is in Star and/or the insurer and/or any other party(ies) authorised by Star and/or the insurer to process this claim view as relevant to this claim.
- Understand that I am/we are entitled to have certain rights of access to and correction of the personal information held by Star and/or the insurer and/or any other party(ies) authorised by Star and/or the insurer to process this claim.

The following additional conditions only apply where Vero is the named insurer on your policy:  
I/We:

- Authorise the obtaining of personal information in any way relevant to this claim from Insurance Claims Register Ltd (ICR)
- Authorise Star/Vero to place details of this claim on the database of ICR where it will be held and made available for other insurance companies to inspect

### Signature:

Signature: \_\_\_\_\_

Date:     /     /     

### Policy Holder

Signature: \_\_\_\_\_

(If company, state position:  
i.e. CEO / Manager etc)

Date:     /     /     

**Submit**

### Sketch schematics

If there wasn't enough room on page 2 for your masterpiece please find more room below. Although this will be taken extremely seriously we do have a tendency (with your blessing) to publish the best sketches online each month. We do not publish your personal details.

Sketch plan of accident:

Details of damage or loss to insured vehicle  
(indicate where insured vehicle is damaged):

