

General customer enquiries: 0800 250 600 Fax: 09 250 6001 Email: claims@starinsure.co.nz

Motor Claim Form

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

Insured/Owner	Policy number	
	Telephone Home Work	
Postal address	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		
Driver details: Full details of insured driver or person in charge of insured or	rehicle at the time of accident or loss	
full name	License & Version Number Expiry Date	
Date of Birth: (DD/MM/YR)	License issuing authority	
Declaration questions - You should not disclose any information about o	ffences 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	4. Have you been disqualified from driving, or had licence endorsed cancelled or suspended within the last 5 years? Yes No	
. Have you ever been convicted of any traffic or criminal offenses (other than parking) within the last five years?	5. Was the vehicle being used without the policyholders consent? Yes No	
. Have you ever had any motor accidents or claims including theft	6. Is the vehicle modified in any way or have pre existing damage? Yes No	
(other than windscreen breakage) within the last five years? Yes No vou answer "YES" to any of the questions above, please provide full details (Please include dates for	7. Have you been refused vehicle insurance or had a policy cancelled? Yes No	
you answer "YES" to any of the questions above, please provide full details (Please include dates fo		
	r any offences/accidents listed)	
you answer "YES" to any of the questions above, please provide full details (Please include dates fo	rany offences/accidents listed) Suburb / Town.	
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Accident details (Please use suppler	mentary pages if required)		
Describe the accident			
	estanti e		
Was any warning (horn signals etc) given by a	any person? Yes No	Do you consider the other driver was response	onsible for the accident? Yes No
If Yes, please give details:			
Sketch plan of accident		Details of damage or loss to insured vehi	cla
		(indicate where insured vehicle is damaged)	
(Please use supplementary pages if required	1)	(Please use supplementary pages if required)	
Other property: Full details of dama	age to other driver vehicle or property		
Property or vehicle owned by		Telephone	
Vehicle make / model		Contact address	
Reg No		Suburb/Town	
Driver's full name:		Their insurance company	
Police			
Did the Police attend the scene of the accider	nt? O Yes O No	Do the Police have knowledge of this incide	ent? Yes No
Name of officer		Did any driver undergo any test for alcohol or drugs? Yes No	
Number		Have the Police issued a Notice of Intended	
Address of station		Prosecution, or give any verbal warning? Ye	s O No O
If you answer "YES" to any of the questions about	ove, please provide full details		
Declaration and Signature: Purs	suant to the Privacy Act 1993		
To be completed by the Insured(s) shown and	crother carties, including parties, with	for raw, cortain rights of access to and	
ols, on behalf of any other person revered by these insurances.	financia, interest, private investigat, is, nown authorities, repoirers or parties.	correction of the presonal information held by Star/Verous different Rittel	Signature:
Declare to the best of my/our knowledge	rivo ved in replacing the succet matter of this claim.	Please note: We gather information about your linefulding your claims history) to consider your	Driver
and belief a Linformation given to Star Underwriting Agents Ltd 1/a Star Insurance	 Authorise the obtaining personal information about me lus that is in 	c aim. The terms of your insurance policy require you to supply this information, and if you at:	Date: / /
Specialists as agents of Verb Insurance Ltd (Star/Verb) and other parties authorised to	Etar/Vero's view relevant to this claim. Authorise the obtaining of personal.	not provide it, or if you have provided any take or untrue information it might affect your rights	Signature: Policyholder
receive information from me in connection into this claim (whether crall or written)	information in any way relevant to this claim from insurance Claim Register Ltd (ICR)	under your policy with us. The entires referred to in this declaration/statement are. Star Underwirting	(If company, State position i e CEO,
is complete, true and correct and no information relevant to the claim is omitted	Authorise Star/Vers to place details of this claim on the datacase of ICR is here it.	Agent: Ltd t/as Star Ir surance Specialists.	Manager etc)
 Agree to provide any further information 	will be held and made available for other	15 Accent Drive, Manukau Auckland, ali agents of Vero Insurance NZ Ltd, Leve 14, 48 Shortland	Date: / /
 Authorise the disclosure of this information 	 Understand that Lam/ine are entitled 	Street, Auckland and the insurance Claims Register Ltd PO Box 474, Wellington	

lotes	
ketch 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.



