



# kiwibike

Tailored Motorcycle Insurance Solutions

**PLEASE CAREFULLY READ THROUGH THE FOLLOWING INFORMATION – This information will help assist us in your claim.**

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).

To support your claim please could you provide the following information.

1) The current location of your bike? \_\_\_\_\_  
\_\_\_\_\_

2) Your preferred repairer (name and address if known)? \_\_\_\_\_  
\_\_\_\_\_

Tick here if you require you bike to be towed

3) A copy of your driver's licence, front and back?  (Please tick if included)

4) Police Acknowledgment Document –  (Please tick if included)

5) If your bike was purchased BRAND NEW in the past 12 months please include the 'Sales Purchase Agreement'.

**Please make sure that the documents have been signed in the required areas.**

Are you claiming on your riding gear? YES (Please see below)  NO

Please provide the following information for your gear 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. **If you are claiming on your helmet, the photo must show the straps cut off.**

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>

If you have any questions please do not hesitate to contact us, we're here to help.

**Swann Insurance**  
A business division of IAG New Zealand Limited.

ALL QUESTIONS MUST BE ANSWERED. PLEASE PRINT AND INDICATE  WHERE APPLICABLE. If insufficient space provided for answers, please write on a separate sheet and attach to the form.

**what to know and do when making a claim**

We are sorry to hear that you have had an accident and understand that you would like your claim settled or your cycle repaired, as soon as possible.

When completing your claim form it is important that you provide all material information and answer all questions fully and with complete accuracy.

Should you need any help to complete the claim form or have any doubt what facts are material, please contact Swann Insurance.

This will enable us to:

- Promptly process and settle your claim.
- Ensure that you are protected against the possible actions of other parties.

Please forward the completed form to:

Swann Insurance, PO Box 68-200 Newton, Auckland.

**Once we have received your claim form:**

- We will inform you in three working days that your claim has been received and any progress.
- We will arrange for an assessor to inspect your cycle and provided that your policy and claim are in order, repair work will be authorised without delay.
- We will inform you when repairs to your cycle have been authorised or if your cycle is uneconomic to repair.
- We will contact you if further information is required.

**EXCESS**

Remember you will be required to pay an excess, please refer to your policy for full details. We will however, advise you of the amount you must pay.

**If we agree you were not at fault in the accident and you have identified the other driver:**

- We will not reduce your no claim bonus.
- We will waive your excess.

**Do not admit fault or make any offers or promises of payment without our consent.**

- Any correspondence you receive from the other party, their insurers or solicitors must be forwarded to us immediately. Your failure to forward any correspondence to us may result in legal proceedings being issued against you. This will result in additional costs that will be your responsibility to pay.

**When repairs are completed:**

- If you are not satisfied with the quality of the work, you should discuss the problem with the repairer.
- If you are unable to resolve the problem or reach an agreement, please contact us. We will then arrange for the assessor to review the problem with the repairer and inform you of the outcome.

Swann Insurance is a member of the Insurance and Savings Ombudsman scheme. This independent service is provided to the insuring public at no cost and aims to resolve claims disputes quickly and informally.

You should first take your complaint up with us. In most cases the problem will be resolved easily. Our Dispute Resolution procedures are readily available to you. For a copy of these procedures, please contact us.

**your personal information**

TITLE ( e.g. MR/MRS)	FIRST NAME	SURNAME
ADDRESS NUMBER	STREET	SUBURB/TOWN
TELEPHONE (DAYTIME) ( )	TELEPHONE (PRIVATE) ( )	OCCUPATION

**your cycle information**

MAKE	MODEL	YEAR MFR	REG. NO.	DATE OF PURCHASE / /	POLICY SCHEDULE NO
ENGINE CAPACITY (cc)	V.I.N./ENGINE NO.			PURCHASED FROM (dealer)	
FINANCE COMPANY & ADDRESS (if applicable)				FINANCE CONTRACT NO	
USE AT TIME OF ACCIDENT	PRIVATE	COURIER	BUSINESS	OFF-ROAD	Please list any modifications to the motorcycle to improve performance or appearance DESCRIPTION OF MODIFICATION
NORMAL USE	PRIVATE	COURIER	BUSINESS	OFF-ROAD	
NAME OF REGISTERED OWNER					VALUE
ADDRESS NUMBER	STREET				\$
SUBURB/TOWN					\$
					\$
					\$

**rider's information** - if you answer "yes" to any of the following questions, please provide details

TITLE ( e.g. MR/MRS)	FIRST NAME	SURNAME	
ADDRESS	OCCUPATION	AGE	DATE OF BIRTH / /
Is this person a regular rider of this motorcycle?	YES	NO	If "YES", how regular? %
MOTORCYCLE LICENCE ORIGIN	LICENCE TYPE		
NZ AUST OTHER, PLEASE SPECIFY	FULL	RESTRICTED	LEARNER
MOTORCYCLE LICENCE NUMBER	DATE OBTAINED	EXPIRY DATE	IF RESTRICTED, PLEASE SUPPLY FULL DETAILS
	/ /	/ /	

Has the rider had a rider/driving licence endorsed, suspended or cancelled in the last 5 years?		YES	NO	PERIOD OF LICENCE SUSPENSION/CANCELLATION
DATE OF OFFENCE	NATURE OF OFFENCE			AMOUNT OF FINE
/ /				\$
/ /				\$
/ /				\$

Has the rider been charged with, or convicted of, riding/driving while under the influence of alcohol or drugs, or having a blood alcohol, or breathalyser reading exceeding the statutory limit in the last 5 years?		YES	NO	PERIOD OF LICENCE SUSPENSION/CANCELLATION
DATE OF OFFENCE	NATURE OF OFFENCE			AMOUNT OF FINE
/ /				\$
/ /				\$
/ /				\$

Has the rider had a licence suspended, cancelled, endorsed, demerit points or restricted in the last 5 years?		YES	NO	PERIOD OF LICENCE SUSPENSION/CANCELLATION
DATE OF OFFENCE	NATURE OF OFFENCE			AMOUNT OF FINE
/ /				\$
/ /				\$
/ /				\$

Has the rider been involved in any motor vehicle/cycle accident or theft, or made any motor vehicle/cycle insurance claims in the last 5 years?			YES	NO	AMOUNT OF DAMAGE
DATE	INSURANCE COMPANY NAME	CIRCUMSTANCES			
/ /					\$
/ /					\$

Has the rider ever been refused motor vehicle/cycle insurance or had a policy declined or cancelled?			YES	NO	AMOUNT OF CLAIM
DATE	INSURANCE COMPANY NAME	REASON			
/ /					\$
/ /					\$

At the time of the accident was the cycle being ridden with your consent? YES NO

If you were not the rider, state whether friend, relative or employee.

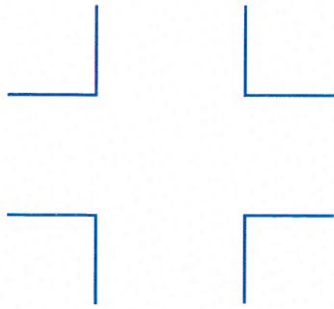
### tell us about the accident

DATE OF ACCIDENT	TIME	WHERE DID THE ACCIDENT OCCUR?		SUBURB/TOWN
/ /	AM/PM			
Were your lights on?	NO YES	If "YES", FULL BEAM	DIMMERS	Was the rider's vision of the other vehicle obstructed? NO YES
Condition of roadway	WET DRY	YOUR APPROXIMATE SPEED		If "YES", explain to what extent
Was the road surfaced?	YES NO	k.p.h. (25m before impact)		
Had any alcohol or drugs been taken by the rider during the 12 hours prior to the accident?	NO YES	If "YES", TIME TAKEN	AMOUNT AND TYPE TAKEN	
			AM/PM	
Was the rider injured in the accident?	NO YES	If "YES", to which hospital was the rider taken?		

THE RIDER'S DESCRIPTION OF THE ACCIDENT - If insufficient space, please attach a separate page

THE RIDER'S MOVEMENTS 8 HOURS PRIOR TO THE ACCIDENT

**INTERSECTION ACCIDENTS**



North



South

**DRAW YOUR OWN DIAGRAM FOR ACCIDENTS INVOLVING OTHER ROADWAYS**

**SYMBOLS:**

Your Vehicle  Other Vehicle   
 (Direction of travel indicated by arrow in symbol)

*Please also indicate traffic lights, stop or giveaway signs.*

WHO DO YOU THINK WAS RESPONSIBLE FOR THE ACCIDENT?

Did the other driver admit fault? YES NO

Did you or your rider admit fault? YES NO

Was the other driver sober? YES NO

ESTIMATED SPEED  
25 METRES BEFORE IMPACT

k.p.h.

If "NO", did the other driver have a blood alcohol or breathalyser test? YES NO

WHY DO YOU CONSIDER THE OTHER DRIVER RESPONSIBLE?

**particulars of the other vehicle**

<b>VEHICLE ONE</b>	TITLE ( e.g. MR/MRS)	OWNER'S FIRST NAME				SURNAME
ADDRESS					POSTCODE	TELEPHONE ( )
TITLE ( e.g. MR/MRS)	DRIVER'S FIRST NAME				SURNAME	
ADDRESS					POSTCODE	TELEPHONE ( )
VEHICLE REG NUMBER	VEHICLE MAKE	MODEL	COLOUR	YEAR	INSURANCE COMPANY	
<b>VEHICLE TWO</b>	TITLE ( e.g. MR/MRS)	OWNER'S FIRST NAME				SURNAME
ADDRESS					POSTCODE	TELEPHONE ( )
TITLE ( e.g. MR/MRS)	DRIVER'S FIRST NAME				SURNAME	
ADDRESS					POSTCODE	TELEPHONE ( )
VEHICLE REG NUMBER	VEHICLE MAKE	MODEL	COLOUR	YEAR	INSURANCE COMPANY	

**other damage caused to property - you should not approach the owner to obtain this information**

TITLE ( e.g. MR/MRS)	OWNER'S FIRST NAME				SURNAME
ADDRESS NUMBER	STREET			SUBURB/TOWN	
DESCRIPTION OF PROPERTY DAMAGE					ESTIMATE OF DAMAGE \$

**police report**

Was the accident reported to the police? NO YES If "YES", DATE REPORTED TIME  
 Did police take details of the accident? NO YES / / AM/PM  
 Did police attend the accident?  
 NO YES If "YES", NAME OF OFFICER NUMBER STATIONED AT  
 Did you or your rider have a blood alcohol test? NO YES If "YES", give results  
 Did you or your rider have a breathalyser test? NO YES If "YES", give reading and attach certificate if applicable  
 Has police action been taken or threatened in connection with this accident?  
 NO YES If "YES", WHAT CHARGE HAS BEEN MADE OR THREATENED? AGAINST WHOM?

**pillion passenger information**

TITLE (e.g. MR/MRS) FIRST NAME SURNAME  
 ADDRESS TELEPHONE  
 ( )

**witness information**

**WITNESS ONE** TITLE FIRST NAME SURNAME  
 (e.g. MR/MRS)  
 ADDRESS TELEPHONE  
 ( )

**WITNESS TWO** TITLE FIRST NAME SURNAME  
 (e.g. MR/MRS)  
 ADDRESS TELEPHONE  
 ( )

**WITNESS THREE** TITLE FIRST NAME SURNAME  
 (e.g. MR/MRS)  
 ADDRESS TELEPHONE  
 ( )

**damage to your cycle**

LIST DAMAGED AREA(S) AND EXTENT OF DAMAGE

Was the cycle towed? NO YES If "YES", by whom? Please attach a copy of tow docket

Where is the cycle now?

REPAIRER'S NAME TOTAL OF REPAIR QUOTE  
 \$  
 REPAIRER'S ADDRESS TELEPHONE  
 ( )

**declaration and authority**

I/We declare that to the best of my/our knowledge and belief these particulars are complete and correct.

- (a) I/We agree to give any further information that may be required
- (b) I/We understand you require this personal information, which will be retained by you at Level 16, 51 Shortland Street, Auckland before you can evaluate my/our claim;
- (c) I/We authorise the disclosure of this personal information regarding this claim to other parties;
- (d) I/We authorise the obtaining by you from any other party personal information about me/us that is in your view relevant to this claim;
- (e) I/We authorise the obtaining by you from Insurance Claims Register Limited, (ICR Ltd), which hold details of claims made by me/us under policies with other insurers, personal information about me/us that is in your view relevant to this claim;
- (f) I/We authorise you to place details of this claim on the database of ICR Ltd, PO Box 474, Wellington, where it will be retained and be available to other insurance companies to inspect;
- (g) I/We understand that I am/we are entitled to have certain rights of access to and correction of the personal information held by you and ICR Ltd.

The collection of this information is required under the terms of your policy. Failure to provide it may result in your claim being declined.

SIGNATURE OF THE POLICYHOLDER(S). If the policy is in joint names, both signature are required.

Date / /