



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.

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 your 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)

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 also need photos of the damaged gear.**

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

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

Motor, Classic Vehicle & Motorcycle Stolen or Burnt Claim Form

In this claim form we are collecting information to enable us to evaluate your claim. Under the Privacy Act 2020 we are required to inform you about certain rights and obligations relating to the information we are collecting. This is in the declaration at the end of the form. We recommend that you read it before continuing.

- The issuing of this form does not constitute an admission of liability and is issued without prejudice.
- Please return this form promptly and make sure that all questions are fully answered.
- No liability is to be admitted to a third party.
- No repairs are to be done without our permission.
- If you receive any communication in any way connected with the accident please forward to us immediately.

Please send the completed form and accompanying documents to	Postal Address	Or facsimile	Or email	Questions?
	Assurant PO Box 37371, Parnell, Auckland 1151	09 915 7831	nz.motorteam@assurant.com	Please call us on 0800 776 832

1) INSURED DETAILS *(Note: If you receive any communication from any party connected with the loss, please forward to us immediately)*

Policy Number

Title: Mr. Mrs. Miss. Ms. Other..... Date of Birth

First Name Last Name

Address Home Phone Work Phone

..... Mobile Email

2) DETAILS OF LAST PERSON TO USE THE INSURED VEHICLE

Was the Insured the last person to use the vehicle prior to theft or fire? Yes - Go to next section No - Complete this section

Title: Mr. Mrs. Miss. Ms. Other..... Date of Birth

First Name Last Name

Address Home Phone Work Phone.....

..... Mobile..... Email

(a) What is your relationship to the Insured? Employee Family Friend Other

(b) Did you have the Insured's consent to use the vehicle? Yes No
If "No", how did you gain possession of the vehicle?

(c) Do you regularly drive this vehicle Yes No If "Yes", how often?

(d) Do you have your own motor vehicle? Yes No

(e) Is the vehicle you own insured? Yes No If "Yes", which insurer?

3) HISTORY OF LAST PERSON TO USE VEHICLE

Licence Number (5a) Version Number (5b)

Which Vehicle Classes? Issue Date Expiry Date

LEARNER RESTRICTED FULL OVERSEAS NEVER LICENCED DISQUALIFIED

In the last 5 years, has the last person to use the vehicle:

(a) Had their licence endorsed or suspended? Yes No
If "Yes", when and why?

(b) Been refused insurance or renewal, or had a Policy cancelled? Yes No
If "Yes", when and why?

(c) Have any previous traffic and non-traffic convictions or pending charges (excl parking)? Yes No
If "Yes", when and why?

(d) Been involved in (i) any previous accidents or (ii) suffered any losses? Yes No
If "Yes", when and what were the losses? (include accidents or losses which were not claimed under insurance)

4) VEHICLE OWNERSHIP DETAILS

Is the insured the Registered Owner of the Vehicle? Yes - Go to next section No - Complete this section

Title: Mr. Mrs. Miss. Ms. Other..... Date of Birth

First Name Last Name

Company Name.....

Address Home Phone Work Phone.....

..... Mobile..... Email

5) VEHICLE FINANCE DETAILS

(a) Please advise who has the vehicle ownership papers?

(b) What date was the vehicle purchased?

(c) Who was the vehicle purchased from?

(d) What was the purchase price of the vehicle? \$..... How much was the deposit? \$.....

(e) Is the vehicle subject to any Hire Purchase or any other finance arrangements? Yes No

(f) If "Yes", please provide full details (include contact and address details of any finance company etc)

6) VEHICLE DETAILS

Make & Model..... Year..... Registration No.....
Colour..... Engine CC Rating..... Odometer reading at date of loss..... (Km / Miles?)
Engine Type Carburetor Fuel Injected Turbo Charged / Supercharged Transmission Manual Automatic Tiptronic / CVT
VIN No..... Engine No.....
Chassis No.....
Unique identifying features of the vehicle?.....

7) ACCESSORIES

(a) Were there any accessories fitted to the vehicle at the time of the loss? Yes No If "Yes", please state value \$.....
(b) Please list accessories.....

8) VEHICLE MODIFICATIONS, WHEELS & TYRES

(a) Has the vehicle been modified in any way? Yes No If "Yes", please state value \$.....
(b) Please list modifications.....
(c) What type of wheels does the vehicle have? Manufacturer's standard Mag Wheels Other
(d) If, "Other", please describe.....

9) VEHICLE CONDITION

(a) Did the vehicle have any existing damage prior to this loss occurring? Yes No
(b) If "Yes", please describe damage.....
(c) Please give a brief description of the condition of the following components (e.g. New, Good, Average for Age, Poor etc)
Paintwork..... Bodywork / Chassis..... Engine.....
Seats..... Suspension..... Transmission / Drivetrain.....
Upholstery..... Steering.....
(d) Please describe condition of wheels and tyres (e.g. New, Good, Average for Age, Poor etc)
Left Front..... Right Front..... Left Rear..... Right Rear.....

10) KEYS, LOCKS, ALARMS & IMMOBILISER

(a) Were all the doors locked and windows closed? Yes No
(b) Describe where the keys were to the vehicle when the loss occurred?.....
(c) Do you have all the sets of keys for your vehicle? Yes No If "Yes", please provide serial numbers:
Ignition Key Serial No..... Fuel Cap Serial Number.....
If "No", where are the keys? (If unknown, state unknown).....
(d) Did anyone else have a set of keys to your vehicle? Yes No If "Yes", please give details below
Title: Mr. Mrs. Miss. Ms. Other..... Date of Birth.....
First Name..... Last Name.....
Address..... Home Phone..... Work Phone.....
Mobile..... Email.....
(e) Did anyone else regularly use the vehicle, but not have keys? Yes No If "Yes", please give details below
Title: Mr. Mrs. Miss. Ms. Other..... Date of Birth.....
First Name..... Last Name.....
Address..... Home Phone..... Work Phone.....
Mobile..... Email.....
(f) Was the vehicle fitted with an alarm / immobiliser? Yes No
(g) If "Yes" to question (f), what make and model no is the alarm / immobiliser?.....
(h) If "Yes" to question (f) was the alarm / Immobiliser activated? Yes No

11) DESCRIBE HOW THE LOSS HAPPENED

(a) When was the vehicle last seen? Date..... Time..... AM PM
(b) What was the vehicle being used for immediately before the loss? Business Personal
Please provide details of the purpose of use.....
(c) Where was the vehicle last seen parked? Garage Carport Driveway Road side Parking Area Carpark Other
(d) Where did the loss occur? (Name the street, town, city etc).....
(e) When did you discover the loss had occurred? Date..... Time..... AM PM
(f) How did you find out the loss had occurred?.....
(g) Was the vehicle stolen, or parts only stolen? Vehicle stolen Only parts stolen Fire (not applicable)
(h) If parts only stolen, please give details of stolen parts?.....

12) RECOVERY

(a) Do you know if the vehicle has been recovered? Yes – Complete this section No – Go to next section

What date was the vehicle recovered? Date

(b) Where was the vehicle recovered from or found?

(c) Who found the vehicle?

(d) Where is the vehicle now?

(e) Is the vehicle damaged? Yes – Please describe damage.....

(f) Have any accessories been removed? Yes – Please describe accessories removed

(g) Do you have suspicions as to who the offender might be? Yes – Please provide suspects details

Title: Mr. Mrs. Miss. Ms. Other Date of Birth

First Name..... Last Name.....

Address Home Phone Work Phone.....

..... Mobile..... Email.....

13) SERVICE HISTORY

(a) Who did the last service on the vehicle?

(b) What date and odometer reading was the last service done at? Odometer reading (Km / Miles?)

(c) Where is your vehicle usually serviced?

(d) Do you have any copies of your servicing invoices/accounts? Yes No

(e) Did your vehicle have a current Warrant of Fitness Certificate? Yes No

(f) If "Yes", where was the Warrant of Fitness obtained?

(g) When does the Warrant of Fitness expire?

(h) Did you vehicle use extra oil between services?

(i) If "Yes", how much oil every 1,000km/miles Each month..... Each fuel fill.....

(j) Did the vehicle run well Yes No If "No", please give details of any problems

14) POLICE REPORT

(a) Has the loss been reported to the Police? Yes No If "No", it must be reported to the Police

(b) Is a Police Complaints form attached to this claim form? Yes No If "No", please complete details below

(c) Loss reported by on

at to

Complaint Reference No

15) OTHER INFORMATION THAT MAY HELP?

(a) Is there any other information that you believe may assist us with your claim, please provide details here

(b) Please tick any of the following documents that you can provide us and supply with this claim form:

Ownership Papers Latest Warrant of Fitness Check Sheet Service Manual Receipts for Servicing (invoices) Owners Manual

Other documents, please give details.....

16) DECLARATION

Pursuant to the PRIVACY ACT 2020 the following is brought to your attention:

- 1. This claim form and any further enquiries we make of you in order to consider your claim is the collection of personal information about you;
 - 2. The information is collected to evaluate your claim;
 - 3. The intended recipient of the information is the insurer detailed in your Insurance Policy.
 - 4. The information is being collected and held by Protecta Insurance of 110 Symonds Street, Grafton, Auckland.
 - 5. The collection of this information is required pursuant to your insurance policy and is mandatory;
 - 6. The failure to provide this information may result in your claim being declined, or your insurance being void from the beginning.
- You have rights of access to and correction of this information subject to the provisions of the Privacy Act 2020.

I/We declare that the information given in this claim is correct.

I/We agree that, should there be any dispute over any payment of this claim, Protecta and/or the insurer shall be entitled to submit the dispute to arbitration.

I/We authorise and request the New Zealand Police to release to Protecta and/or the insurer 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 the Ministry of Justice, NZ Transport Agency and any other party regarding this claim.

I/We authorise Protecta and/or the insurer to:

- check details against the Insurance Claims Register and to place information on the Insurance Claims Register which other insurers can access.
- disclose personal information to other parties, members of the insurance industry and/or parties who have a financial interest in the subject matter of this insurance.

Driver's Signature Insured Signature Date

Note: The insurance to which this form relates is issued by Protecta Insurance New Zealand Limited (NZ Company No 312700) of 110 Symonds Street, Grafton, Auckland 1010 (Protecta) as agent for Virginia Surety Company Inc, New Zealand branch (a US incorporated company with NZ Company No 920655) of Unit 3, Level 2, 73 Manchester Street, Christchurch 8011 (VSC). The insurance is underwritten by VSC. Protecta and VSC are part of the Assurant, Inc. group (Assurant).