STAR
Insurance Specialists

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 details: Full details of Insured/Owner

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 vehicle 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 offences that can be withheld under the Criminal Records (Clean Slate) Act 2004.

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

Road surface: ◯ Sealed ◯ Unsealed ◯ Dry ◯ Wet

Speed (kmph) prior to braking: Approx speed on impact:

Weather conditions: ◯ Fine ◯ Raining ◯ Fog ◯ Overcast ◯ Strong winds

Passengers *(Please use supplementary pages if required)*

Were there any passengers in insured vehicle? ◯ Yes ◯ No

Name / Address / Telephone No:

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 / Address / Telephone No:

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

Describe the accident:

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:

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 accident? ◯ Yes ◯ No

Do the Police have knowledge of this incident? ◯ 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 Prosecution, or give any verbal warning? Yes ◯ No ◯

Address of station:

If you answer "YES" to any of the questions above, please provide full details:

Declaration and Signature: **Pursuant to the Privacy Act 1993**

To be completed by the Insured(s) shown and also on behalf of any other person covered by these insurances.

I/We:

- Declare to the best of my/our knowledge and belief all information given to Star Underwriting Agents Ltd t/a Star Insurance Specialists as agents of Vero Insurance Ltd (Star/Vero) and other parties authorised to receive information from me in connection with this claim (whether oral or 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/Vero.
- Authorise the disclosure of this information to other parties, including parties with a financial interest, private investigators, crown authorities, repairers or parties involved in replacing the subject matter of this claim.
- Authorise the obtaining personal information about me/us that is in Star/Vero's view relevant to this claim.
- Authorise the obtaining of personal information in any way relevant to this claim from Insurance Claim 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.
- Understand that I am/we are entitled to have certain rights of access to and correction of the personal information held by Star/Vero and the ICR Ltd.

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. The entities referred to in this declaration/statement are; Star Underwriting Agents Ltd t/as Star Insurance Specialists, 15 Accent Drive, Manukau, Auckland, as agents of Vero Insurance NZ Ltd, Level 14, 48 Shortland Street, Auckland and the Insurance Claims Register Ltd. PO Box 474, Wellington.

Signature: Driver

Date: / /

Signature: Policyholder

(If company, State position i.e CEO, Manager etc)

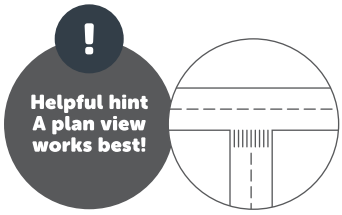
Date: / /

Notes

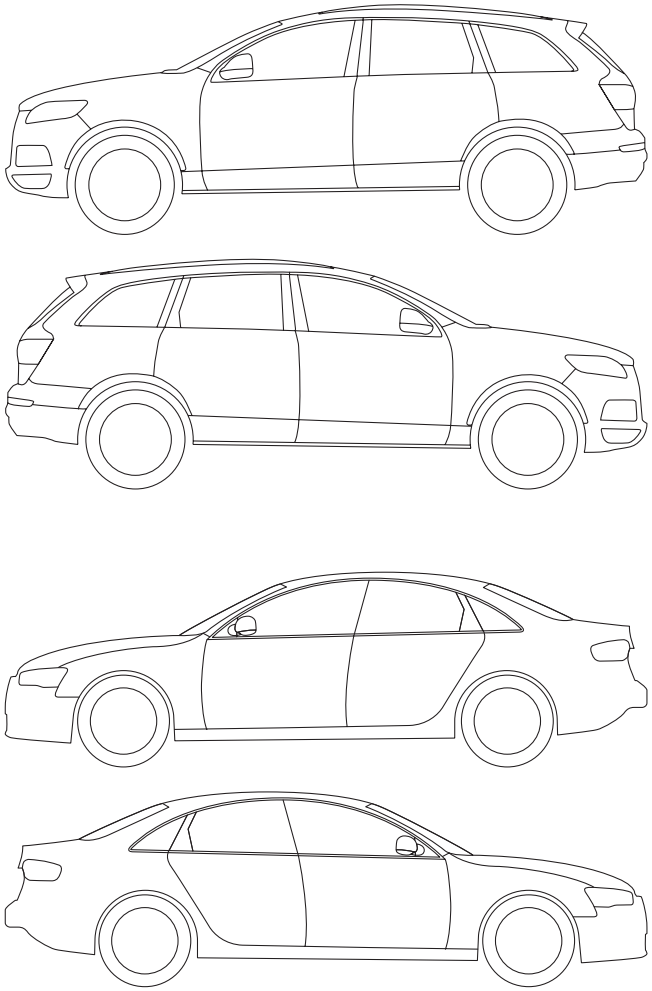
Sketch schematics

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):



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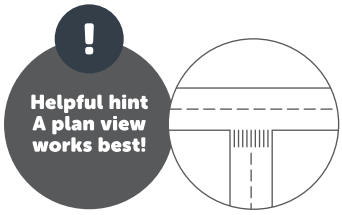

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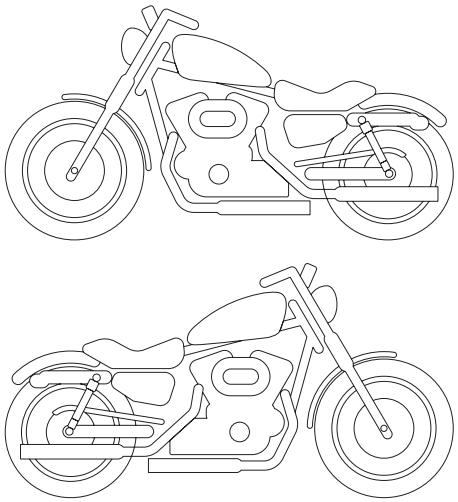

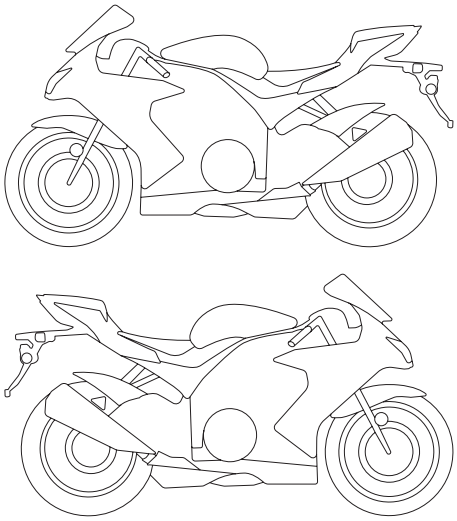

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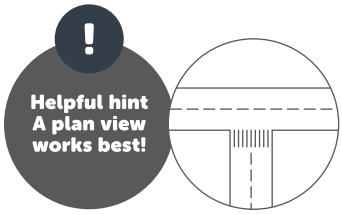
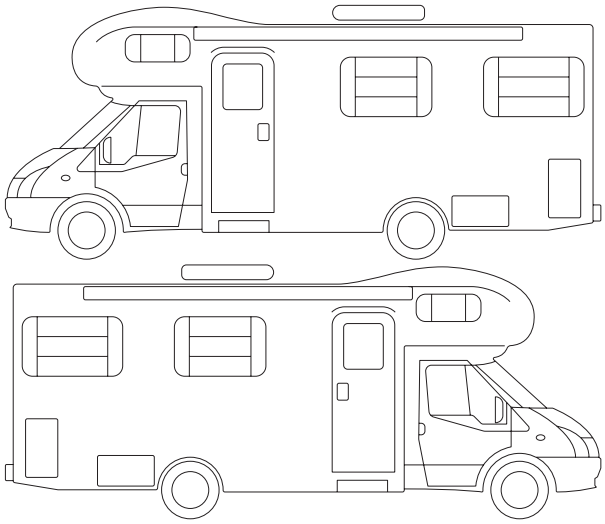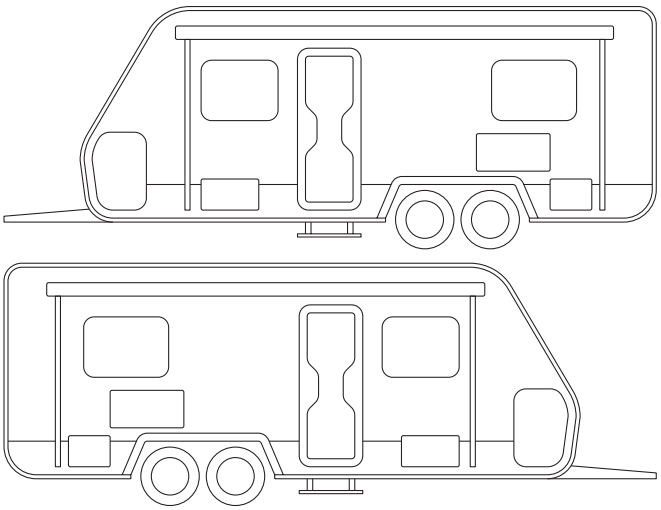
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