

Motor Claim Form

Not for use for motor vehicle accidents

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:	_____	
_____	_____	

Loss location details:

Location:	Suburb / Town:
_____	_____
Date:	Time: _____ am/pm

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

Describe what has happened:

Damaged items *(Please use supplementary pages if required)*

What was damaged	Age of item	Cost of Repair/Replacement	Repairer (if applicable)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Where are the damaged items now?



Other property: Full details of damage to other property (if applicable)

Property or vehicle owned by: _____

Contact address: _____

Vehicle make / model: _____

Suburb/Town: _____

Reg No: _____

Their insurance company: _____

Telephone: _____

Further information: _____

Witnesses: (Please use supplementary pages (if applicable))

Name / Address / Telephone No: _____

Police

Do the Police have knowledge of this incident? Yes No

Name of officer: _____

Number: _____

If yes, please attach Police Complaints Acknowledgement form.

Address of station: _____

Further information: _____

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

1. Have you ever been convicted of any criminal offenses within the last five years? Yes No

4. Was the vehicle being used without the policyholders consent? Yes No

2. Have you ever had any motor accidents or claims including theft (other than windscreen breakage) within the last five years? Yes No

5. Is the vehicle modified in any way or have pre existing damage? Yes No

6. 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/claims listed)

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

Date: _____

