



**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.

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

## Vehicle Claim Form

Phone: 0800 250 600

Email: [claims@starinsure.co.nz](mailto:claims@starinsure.co.nz)

### Broker Details:

Brokerage: \_\_\_\_\_

Broker Name: \_\_\_\_\_

Broker Claim Reference: \_\_\_\_\_

**Page 1 and 2 of this document must be completed in full in order for your claim to be processed.**

### Insured details: Full details of Insured/Owner

Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Physical address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

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: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

### Driver details: Full details of insured driver or person in charge of insured vehicle at the time of accident or loss

Full name: \_\_\_\_\_

License Number: \_\_\_\_\_

Version Number: \_\_\_\_\_

Date of Birth: (DD/MM/YR) \_\_\_\_\_

License issuing authority: \_\_\_\_\_

Relationship to Policy Holder: \_\_\_\_\_

### Declaration questions: You should not disclose any information about offences 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
- Have you ever been convicted of any traffic or criminal offenses (other than parking) within the last five years? Yes  No
- Have you ever had any motor accidents or claims including theft (other than windscreen breakage) within the last five years? Yes  No
- Have you been disqualified from driving, or had licence endorsed cancelled or suspended within the last 5 years? Yes  No
- Was the vehicle being used without the policyholders consent? Yes  No
- Is the vehicle modified in any way or have pre existing damage? Yes  No
- 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: \_\_\_\_\_

Road surface: Dry  Wet

Sealed

Unsealed

Speed (kmph) prior to braking: \_\_\_\_\_

Approx speed on impact: \_\_\_\_\_

Weather conditions: Fine  Raining  Fog  Overcast  Strong Wind

### Passengers: (Please use supplementary pages if required)

Were there any passengers in insured vehicle? Yes  No

Name / Address / Phone: \_\_\_\_\_

### Independent 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: \_\_\_\_\_

Known to you: Yes  No

Address: \_\_\_\_\_

Phone/Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

**Turn to next page and complete.**

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

Describe the accident:

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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:

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*(Please use supplementary pages if required)*

Details of damage or loss to insured vehicle  
(indicate where insured vehicle is damaged):

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*(Please use supplementary pages if required)*

## Other property: Full details of damage to other driver vehicle or property

Property or vehicle owned by:

Phone:

Vehicle make / model:

Email:

Reg No:

Contact Address:

Driver's full name:

Their insurance company:

Describe any damage caused to other property or vehicle(s):

What, if any, details or information have you provided to the other party:

## Police

Did the Police attend the scene of the accident? Yes  No

Do the Police have knowledge of this incident? Yes  No

Name & number of officer:

Did any driver undergo any test for alcohol or drugs? Yes  No

Email:

Have the Police issued a Notice of Intended Prosecution, or give any verbal warning? Yes  No

Police Acknowledgement file number:

Address of station:

## Declaration and Signature: Pursuant to the Privacy Act 2020

Your insurer is Berkshire Hathaway Specialty Insurance Company (BHSI). Star Insurance Limited (Star Insure) acts as BHSI's agent.

- I/We declare that all information provided in this claim form, and in connection with this claim (whether provided orally or in writing), is true, complete, and correct to the best of my/our knowledge and belief and that no information relevant to this claim has been withheld or omitted.
- I/We agree to provide any further information reasonably required by Star Insure, or any authorised party, for the purpose of assessing, managing, investigating or settling this claim, including fraud prevention and the exercise of recovery or subrogation rights.

- I/We authorise Star Insure to collect, use, store and disclose personal information about me/us, whether obtained directly or indirectly from third parties, as reasonably necessary for the purposes described above. These third parties may include other insurers, insurance brokers or intermediaries, assessors, repairers, investigators, towing operators, vehicle valuers, the Police, government or regulatory authorities, and persons involved in or witnessing an incident relevant to this claim.
- Where personal information about another person is provided by me/us to Star Insure, I/we confirm that I/we are authorised to do so, that any legally required consent has been obtained, and that reasonable steps have been, or will be taken as soon as reasonably practicable, to notify that person, in accordance with Information Privacy Principle 3A of the Privacy Act 2020.
- I/We understand that I/we have the right to request access to and correction of personal information held about me/us. Further details on the use, access and collection rights are set out in Star Insure's privacy policy.

### Signature:

Signature: \_\_\_\_\_

Date:        /        /       

### Policy Holder

Signature \_\_\_\_\_

(If company, state position:  
i.e. CEO / Manager etc)

Date:        /        /       

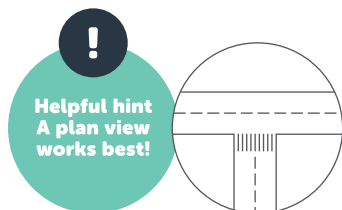
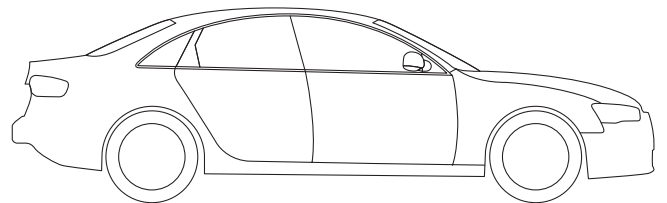
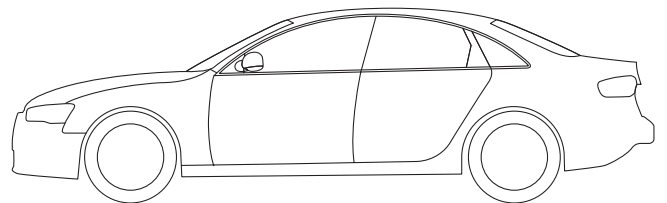
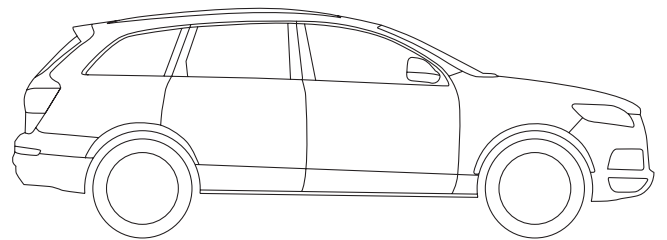
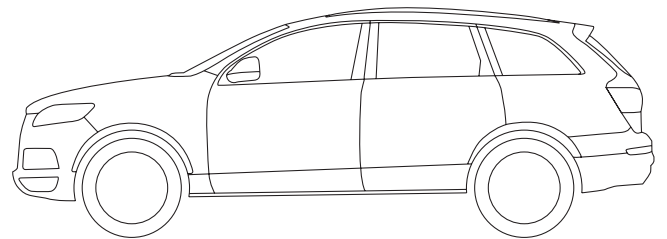
**Submit**

### 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):

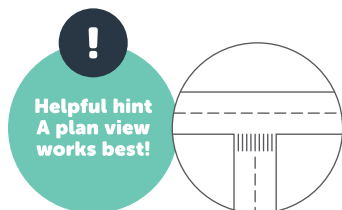
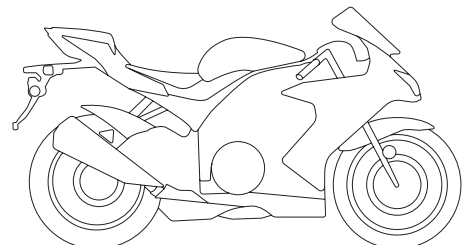
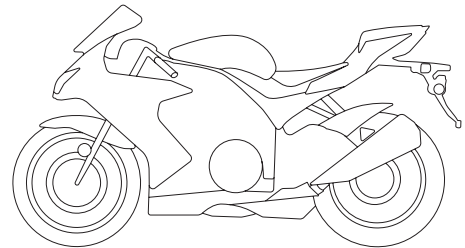
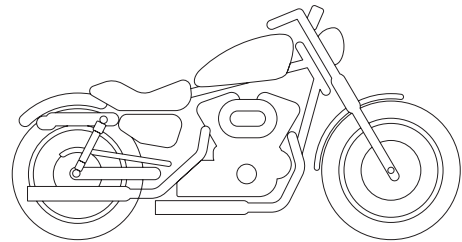
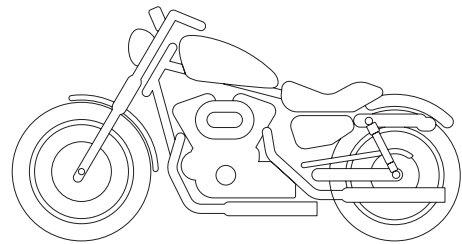


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