



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.

Non Motorvehicle Accident Claim Form

Phone: 0800 250 600
Email: claims@starinsure.co.nz

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

Not for use for motorvehicle accidents

Insured details: Full details of Insured/Owner

| | |
|-----------------|--|
| Insured/Owner: | Policy number: |
| Postal address: | Home Phone: Work: |
| | 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: |

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?

Turn to next page and complete.

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

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

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

4. 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 2020

For policies issued before 1st July 2022 or renewed before 1st August 2022, your insurer is Vero. For all other policies your insurer is Berkshire Hathaway Specialty Insurance Company.

I/We:

- Declare to the best of my/our knowledge and belief all information given to Star Insurance Limited (Star) who acts as agent for the insurer and/or any other party(ies) authorised by Star or the insurer to receive information from me in connection with this claim (whether this information is supplied orally or is 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, the insurer or any other party(ies) authorised by Star or the insurer to receive information and/or to process this claim
- Authorise the disclosure of this information to other parties, including parties with a financial interest, private investigators, crown authorities, advisors, repairers or parties involved in replacing the subject matter of this claim.

- Authorise the obtaining personal information about me/us that is in Star and/or the insurer and/or any other party(ies) authorised by Star and/or the insurer to process this claim view as relevant to this claim.
- Understand that I am/we are entitled to have certain rights of access to and correction of the personal information held by Star and/or the insurer and/or any other party(ies) authorised by Star and/or the insurer to process this claim.

The following additional conditions only apply where Vero is the named insurer on your policy:

I/We:

- Authorise the obtaining of personal information in any way relevant to this claim from Insurance Claims 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.

Signature:

Signature: _____

Date: / /

Policy Holder

Signature _____

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

Date: / /

Submit

