



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

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

