

Please complete this to the best of your knowledge. Insurance fraud is a crime, please ensure that all information is complete and correct.
Please provide proof of ownership for each item detailed, such as purchase receipt, warranty book, accessories, photo of item/photo of item in use.

Policyholder: _____ Home Phone: _____ Mobile: _____

Claim Reference: _____ Email address: _____

Detail property damaged or stolen including manufacturer and model (if applicable)	Purchased from	Age of item	Original purchase price	Present day replacement cost	Permanently stored in/on bike
_____	_____	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>
_____	_____	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>
_____	_____	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>
_____	_____	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>
_____	_____	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>
_____	_____	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>
_____	_____	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>
_____	_____	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>

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.
- 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: / / _____

Declaration and Signature: Pursuant to the Privacy Act 2020

Submit