

HARLEY | MOTORCYCLE INSURANCE™

Motorcycle Claim Advice Form



Harley-Davidson Insurance Services*

Return to: Swann Insurance
PO Box 68–200, Newton, Auckland
Phone: 0800 807 926
Email: Swannclaims@iag.co.nz

- If you supply any untrue or false information and know that it is not true Swann shall have the right to refuse the claim.
- We recommend that you read the Claims section of your policy.
- Please answer all the questions on this form. If a question does not apply to your claim, please answer 'N/A'.
- You must not incur any expense (unless it is to minimise the loss), or admit fault, without our permission.
- **The driver of the motorcycle (or the person who was in charge) must sign 'Part L: Declaration and signature' of this form.**

PART A: THE INSURED

Name: _____ Policy number: _____

POSTAL ADDRESS

Number/Street: _____ Suburb: _____

Town/City: _____ Post code: _____

CONTACTS

Home phone: _____ Fax: _____

Mobile phone: _____ Email: _____

Occupation: _____

HOG member? Yes No *If yes what is your HOG membership #* _____

If your claim is accepted and you wish to be paid direct into your account, please fill out the details below:

Bank Account:

PART B: DETAILS OF RIDER OR PERSON IN CHARGE

1. What is the rider's Date of Birth? _____ Female Male

2. Was the rider (or person in charge when the accident happened) the person shown under Part A? Yes No

If 'Yes', please go to Part C: Driver's history. If 'No' please answer questions 3–6 below:

3. Full name of rider (or person in charge) _____

POSTAL ADDRESS

Number/Street: _____ Suburb: _____

Town/City: _____ Post code: _____

CONTACTS

Best contact phone number: _____ Best time to contact: _____

4. Relationship to the Insured: Husband Wife Son Daughter

Other (give details) _____

5. Did the rider have the owner's permission to use the motorcycle? Yes No

6. Does the rider have any motor motorcycle insurance? Yes No

7. Does the insured confirm ownership? Yes No

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PART C: RIDER'S HISTORY

1. Has the rider ever been refused motorcycle insurance or had a policy cancelled or not renewed? Yes No
2. In the past five years has the rider:
- (a) been involved in a motor accident? Yes No
- (b) been convicted of a driving offence or issued with an offence or infringement notice (including speeding)? Yes No
- (c) been disqualified from driving or had license endorsed, cancelled or suspended? Yes No

If you answered 'Yes' to any of the questions above, please provide details below:

PART D: DRIVER'S LICENCE

Full name as it appears on driver's licence:

Surname: _____

First name(s): _____

Date of birth (field 3 on licence): _____ Licence issue date (field 4a): _____

Licence expiry date (field 4b): _____

Full address as it appears on driver's licence (field 6):* _____

*This field is optional and may be blank on your licence

Driver's licence number (field 5a): _____ Licence version number (field 5b): _____

Licence classes/endorsements: (field 7): _____

Classes/endorsements for conditions (field 9): _____

PART E: THE INSURED MOTORCYCLE

1. Year: _____ Make: _____ Model: _____ Reg. no.: _____

2. Is the motorcycle subject to a finance arrangement of any kind? Yes No

If 'Yes', please give details: _____

3. Has the motorcycle or engine been modified from the maker's standard specifications? Yes No

If 'Yes', please give details: _____

4. Is a special license endorsement (besides class 6) required to operate this motorcycle? Yes No

If 'Yes', please give details: _____

5. Is there any other insurance on the motorcycle or accessories? Yes No

If 'Yes', please give details: _____

6. VIN #: _____ CC rating: _____ Date of purchase: _____

Purchased from: _____



PART F: DETAILS OF ACCIDENT

- When did the accident happen? Day: _____ Date: _____ Time: _____ AM PM
- Where did it happen? (street and town): _____
- What was the motorcycle being used for? _____
- Please provide full details of your journey: _____

- Please provide full details of what happened: _____

If the insured motorcycle was being driven when the accident happened:

- What were the weather conditions at the time? Rain Overcast Fog Bright sun Clear night
- What were the road conditions at the time? Sealed Metal Wet Dry Ice
- What speed was the insured motorcycle travelling immediately before the accident? _____
- Did the rider consume or use any alcoholic liquor, drug or intoxicating substance in the 12 hours before the accident? Yes No
 If 'Yes', please give details: _____
 What: _____ How much: _____ When: _____

- Was the driver required to provide the Police with a breath and/or blood sample? Yes No Result: _____

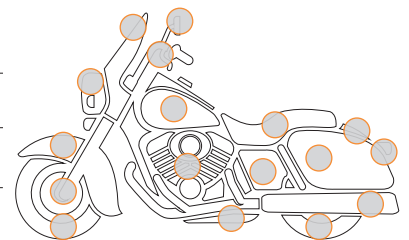
PART G: SKETCH PLAN OF ACCIDENT

Please attach a sketch to show any:

- Street names
- Road markings
- Traffic signals
- Distances between vehicles
- Distances from kerb
- Road signs
- Traffic islands
- Direction of travel

PART H: DAMAGE TO THE INSURED MOTORCYCLE

- Please describe the damage to your motorcycle: _____



- Did the motorcycle need to be towed? Yes No
 Name of towing company: _____
- Name of repairer: _____ Phone: _____
- Address of repairer: _____



PART I: OTHER VEHICLE OR PROPERTY DAMAGED

1. Other vehicle owned/driven by: _____ Phone: _____
Address: _____ Insurer and Branch: _____
Other vehicle – Make: _____ Model: _____ Reg. no.: _____
Details of damage to other vehicle: _____
2. Details of damage to other property: _____
Owners name and address: _____
_____ Phone: _____

PART J: LIABILITY FOR THE ACCIDENT

1. Who do you consider to be to blame? _____
2. What are your reasons? _____
3. Did anyone admit liability? Yes No
If 'Yes', who: _____
4. Did the police attend the accident? Yes No
If 'Yes', please give Officer's name and number: _____

5. Is a Police Complaint Acknowledgement attached? Yes No If "No", please complete the details below:
Reported by: _____ on: _____
to (Station Name): _____ Complaint ref. no. _____
6. Was any charge made or threatened? Yes No
If 'Yes', against whom: _____

PART K: WITNESSES TO THE ACCIDENT

- Were there any witnesses? Yes No
If 'Yes', please give details below:
1. Name: _____ Passenger: Yes No
Address: _____ Phone: _____
2. Name: _____ Passenger: Yes No
Address: _____ Phone: _____

Note: if there is any information you cannot give to us now, please mark the question and let us have it as soon as possible. If there is not enough room on this form, please attach a separate document.

- Is a separate document attached? Yes No



PART L: DECLARATION AND SIGNATURE

I declare that:

- 1. AUTHORISE SWANN INSURANCE TO MOVE THE MOTORCYCLE TO A CLAIMS ASSESSING CENTRE FOR EXAMINATION AND ASSESSMENT.**
- 2. MATERIAL FACTS**
 - (a) All information given to Swann in connection with this claim (whether oral or written) is true and correct;
 - (b) No information relevant to the claim is omitted.
- 3. USE OF INFORMATION**
 - (a) My personal information collected by Swann in connection with this claim may be:
 - (i) disclosed to other members of the insurance industry and Insurance Claims Register Limited;
 - (ii) disclosed to parties repairing or replacing the subject matter of the claim;
 - (iii) disclosed to parties who have a financial interest in the subject matter of the policy;
 - (iv) used by Swann to advise me of its other services
 - (v) I/we authorise the obtaining by you from any other party personal information about me/us that is in your view relevant to this claim;
 - (b) My personal information held by any other parties in connection with this claim may be disclosed to Swann ;

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 to provide it, or if you provide any false or untrue information, we may decline your claim.
- Your claims history is passed onto, and held by, Insurance Claims Register Limited. This enables other insurers you deal with to access it, and prevents fraudulent claims.

SIGNED BY THE RIDER

Signature _____ Date _____

SIGNED ON BEHALF OF ALL INSURED'S

Signature _____ Date _____

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