

**Swann Insurance (NZ) Ltd.**  
 A wholly owned subsidiary of IAG New Zealand Limited.

**claim form**

ALL QUESTIONS MUST BE ANSWERED. PLEASE PRINT AND INDICATE  WHERE APPLICABLE. If insufficient space provided for answers, please write on a separate sheet and attach to the form.

**what to know and do when making a claim**

It is important that you provide all material information and answer all questions fully and with complete accuracy. This will also enable us to promptly investigate and process your claim.  
 Should you need any help to complete the claim form or have doubt which facts are material please contact us. There will be an excess payable by you, the amount is set out in your policy. We will however advise you of the amount you must pay.  
 Please forward the completed form to Swann Insurance, P.O. Box 68-200, Auckland, with your registration certificate, the police Acknowledgement Form and the licence copy of the person in charge of the cycle immediately prior to the fire/theft.

Swann Insurance is a member of the Insurance and Saving Ombudsman scheme. This independent service is provided to the insuring public at no cost and aims to resolve claims disputes quickly and informally.  
 You should first take your complaint up with us. In most cases the problem will be resolved easily. Our Dispute Resolution procedures are readily available to you. For a copy of these procedures, please contact us.

**your personal information**

TITLE (e.g. MR/MRS)		FIRST NAME	SURNAME	
ADDRESS NUMBER		STREET		SUBURB/TOWN
TELEPHONE (DAYTIME)	TELEPHONE (PRIVATE)		AGE	DATE OF BIRTH
( )	( )		years	/ /
EMPLOYER'S NAME		OCCUPATION		
( )				
FINANCE COMPANY & ADDRESS (if applicable)				FINANCE CONTRACT NO.
MOTORCYCLE LICENCE ORIGIN		LICENCE TYPE		
NZ	AUST.	OTHER, PLEASE SPECIFY		FULL RESTRICTED LEARNER
MOTORCYCLE LICENCE NUMBER	DATE OBTAINED	EXPIRY DATE	IF RESTRICTED, PLEASE SUPPLY FULL DETAILS	
	/ /	/ /		
DATE NEXT FINANCE PAYMENT DUE	DATE LAST FINANCE PAYMENT MADE	YOUR POLICY SCHEDULE NUMBER		
/ /	/ /			

**your vehicle information – please attach a copy of registration certificate**

MAKE	MODEL	YEAR MFR.	REG. NO.	DATE REG. EXPIRES	DATE OF PURCHASE	PURCHASE PRICE
				/ /	/ /	\$
ENGINE CAPACITY (c.c.) V.I.N./ENGINE NO.				PURCHASED FROM (dealer)		
USE AT TIME OF FIRE/THEFT	PRIVATE	COURIER	BUSINESS	OFF-ROAD	Please list any modifications to the vehicle to improve performance or appearance	
NORMAL USE	PRIVATE	COURIER	BUSINESS	OFF-ROAD	DESCRIPTION OF MODIFICATION	VALUE
PLEASE LIST ANY OLD DAMAGE			AGREED VALUE AT TIME OF FIRE OR THEFT	\$		
			\$	\$		
NAME OF REGISTERED OWNER						\$
						\$
ADDRESS NUMBER	STREET		SUBURB/TOWN			

**information of driver/rider or person last in charge of your vehicle**

TITLE (e.g. MR/MRS)		FIRST NAME	SURNAME			
ADDRESS		OCCUPATION		AGE	DATE OF BIRTH	
					/ /	
Is this person a regular driver/rider of this vehicle?	YES	NO	If "YES", how regular?	%		
LICENCE ORIGIN	LICENCE TYPE					
NZ	AUST.	OTHER, PLEASE SPECIFY		FULL	RESTRICTED	LEARNER
LICENCE NUMBER	DATE OBTAINED	EXPIRY DATE	IF RESTRICTED, PLEASE SUPPLY FULL DETAILS			
	/ /	/ /				

**if you answer "YES" to any of the following questions please provide details – if insufficient space attach a separate page**

**Has the driver/rider had a riding/driving licence endorsed, suspended or cancelled in the last 5 years?**

DATE OF OFFENCE	NATURE OF OFFENCE	YES AMOUNT OF FINE	NO	PERIOD OF LICENCE SUSPENSION/CANCELLATION
/ /		\$		
/ /		\$		
/ /		\$		
/ /		\$		
/ /		\$		

**Has the driver/rider been charged with, or convicted of, riding/driving while under the influence of alcohol or drugs, or having a blood alcohol, or breathalyser reading exceeding the statutory limit in the last 5 years?**

DATE OF OFFENCE	NATURE OF OFFENCE	YES AMOUNT OF FINE	NO	PERIOD OF LICENCE SUSPENSION/CANCELLATION
/ /		\$		
/ /		\$		
/ /		\$		
/ /		\$		
/ /		\$		

**Has the driver/rider had a licence suspended, cancelled, endorsed, demerit points or restricted in the last 5 years?**

DATE OF OFFENCE	NATURE OF OFFENCE	YES AMOUNT OF FINE	NO	PERIOD OF LICENCE SUSPENSION/CANCELLATION
/ /		\$		
/ /		\$		
/ /		\$		
/ /		\$		
/ /		\$		

**Has the driver/rider been involved in any motor vehicle/cycle accident or theft, or made any motor vehicle/cycle insurance claims in the last 5 years?**

DATE	INSURANCE COMPANY NAME	CIRCUMSTANCES	YES AMOUNT OF DAMAGE	NO
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	

**Has the driver/rider ever been refused motor vehicle/cycle insurance or had a policy declined or cancelled?**

DATE	INSURANCE COMPANY NAME	REASON	YES AMOUNT OF CLAIM	NO
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	
/ /			\$	

**tell us about the fire or theft – please attach a copy of the police report (if available)**

DATE OF FIRE/THEFT	DAY	TIME	
/ /		AM/PM	
LAST KNOWN LOCATION OF THE VEHICLE		TIME THE VEHICLE WAS LAST SEEN	BY WHOM
		AM/PM	
REASON FOR LEAVING THE VEHICLE IN THIS LOCATION			
DETAILS OF FIRE OR THEFT			

## tell us about the fire or theft – continued

Was the vehicle locked/secured? YES NO

Was an electronic theft device fitted? YES NO

IF 'YES', was it activated? YES NO

HOW DID YOU GET HOME AFTER THE FIRE/THEFT?

NAME OF OFFICER REPORTED TO

NUMBER

DATE

TIME

/ /

AM/PM

STATIONED AT

POLICE REPORT NUMBER (if available)

## recovery of your vehicle

DATE RECOVERED

TIME RECOVERED

NAME OF POLICE OFFICER OR OTHER PERSON WHO FOUND THE VEHICLE

NUMBER OF OFFICER (if applicable)

/ /

AM/PM

STATIONED AT (if applicable)

Has anyone been charged? YES NO

If "YES", please supply details.

TITLE (e.g. MR/MRS) FIRST NAME

SURNAME

ADDRESS NUMBER STREET

SUBURB/TOWN

LOCATION OF THE VEHICLE WHEN FIRST FOUND

WHERE IS THE VEHICLE NOW?

Have you seen the vehicle since recovered? YES NO

Has the vehicle been towed? YES NO

IF RECOVERED AND DAMAGED, LIST PARTS DAMAGED OR MISSING

## declaration and authority

I/We declare that to the best of my/our knowledge and belief these particulars are complete and correct.

- I/We agree to give any further information that may be required;
- I/We understand you require this personal information, which will be retained by you at Level 16, 51 Shortland Street, Auckland, before you can evaluate my/our claim;
- I/We authorise the disclosure of this personal information regarding this claim to other parties;
- 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;
- I/We authorise the obtaining by you from Insurance Claims Register Limited, (ICR Ltd), which hold details of claims made by me/us under policies with other insurers, personal information about me/us that is in your view relevant to this claim;
- I/We authorise you to place details of this claim on the database of ICR Ltd, PO Box 474, Wellington, where it will be retained and be available to other insurance companies to inspect;
- I/We understand that I am/we are entitled to have certain rights of access to and correction of the personal information held by you and ICR Ltd.

The collection of this information is required under the terms of your policy. Failure to provide it may result in your claim being declined.

SIGNATURE OF THE POLICYHOLDER(S). If the policy is in joint names, both signature are required.

Date / /