

Swann Insurance
 A business division of IAG New Zealand Limited.

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

We are sorry to hear that you have had an accident and understand that you would like your claim settled or your cycle repaired, as soon as possible.

When completing your claim form it is important that you provide all material information and answer all questions fully and with complete accuracy.

Should you need any help to complete the claim form or have any doubt what facts are material, please contact Swann Insurance.

This will enable us to:

- Promptly process and settle your claim.
- Ensure that you are protected against the possible actions of other parties.

Please forward the completed form to:
 Swann Insurance, PO Box 68-200 Newton, Auckland.

Once we have received your claim form:

- We will inform you in three working days that your claim has been received and any progress.
- We will arrange for an assessor to inspect your cycle and provided that your policy and claim are in order, repair work will be authorised without delay.
- We will inform you when repairs to your cycle have been authorised or if your cycle is uneconomic to repair.
- We will contact you if further information is required.

EXCESS

Remember you will be required to pay an excess, please refer to your policy for full details. We will however, advise you of the amount you must pay.

If we agree you were not at fault in the accident and you have identified the other driver:

- We will not reduce your no claim bonus.
- We will waive your excess.

Do not admit fault or make any offers or promises of payment without our consent.

- Any correspondence you receive from the other party, their insurers or solicitors must be forwarded to us immediately. Your failure to forward any correspondence to us may result in legal proceedings being issued against you. This will result in additional costs that will be your responsibility to pay.

When repairs are completed:

- If you are not satisfied with the quality of the work, you should discuss the problem with the repairer.
- If you are unable to resolve the problem or reach an agreement, please contact us. We will then arrange for the assessor to review the problem with the repairer and inform you of the outcome.

Swann Insurance is a member of the Insurance and Savings 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) ()	OCCUPATION

your cycle information

MAKE	MODEL	YEAR MFR	REG. NO.	DATE OF PURCHASE / /	POLICY SCHEDULE NO
ENGINE CAPACITY (cc)	V.I.N./ENGINE NO.	PURCHASED FROM (dealer)			
FINANCE COMPANY & ADDRESS (if applicable)					FINANCE CONTRACT NO
USE AT TIME OF ACCIDENT	PRIVATE <input type="checkbox"/>	COURIER <input type="checkbox"/>	BUSINESS <input type="checkbox"/>	OFF-ROAD <input type="checkbox"/>	Please list any modifications to the motorcycle to improve performance or appearance DESCRIPTION OF MODIFICATION VALUE \$ \$ \$ \$
NORMAL USE	PRIVATE <input type="checkbox"/>	COURIER <input type="checkbox"/>	BUSINESS <input type="checkbox"/>	OFF-ROAD <input type="checkbox"/>	
NAME OF REGISTERED OWNER					
ADDRESS NUMBER STREET					
SUBURB/TOWN					

rider's information - if you answer "yes" to any of the following questions, please provide details

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

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

YES NO

DATE OF OFFENCE	NATURE OF OFFENCE	AMOUNT OF FINE	PERIOD OF LICENCE SUSPENSION/CANCELLATION
/ /		\$	
/ /		\$	
/ /		\$	

Has the 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?

YES NO

DATE OF OFFENCE	NATURE OF OFFENCE	AMOUNT OF FINE	PERIOD OF LICENCE SUSPENSION/CANCELLATION
/ /		\$	
/ /		\$	
/ /		\$	

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

YES NO

DATE OF OFFENCE	NATURE OF OFFENCE	AMOUNT OF FINE	PERIOD OF LICENCE SUSPENSION/CANCELLATION
/ /		\$	
/ /		\$	
/ /		\$	

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

YES NO

DATE	INSURANCE COMPANY NAME	CIRCUMSTANCES	AMOUNT OF DAMAGE
/ /			\$
/ /			\$

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

YES NO

DATE	INSURANCE COMPANY NAME	REASON	AMOUNT OF CLAIM
/ /			\$
/ /			\$

At the time of the accident was the cycle being ridden with your consent? YES NO

If you were not the rider, state whether friend, relative or employee.

tell us about the accident

DATE OF ACCIDENT	TIME	WHERE DID THE ACCIDENT OCCUR?	SUBURB/TOWN
/ /	AM/PM		

Were your lights on? NO YES If "YES", FULL BEAM DIMMERS Was the rider's vision of the other vehicle obstructed? NO YES
 Condition of roadway WET DRY YOUR APPROXIMATE SPEED
 Was the road surfaced? YES NO k.p.h. (25m before impact)

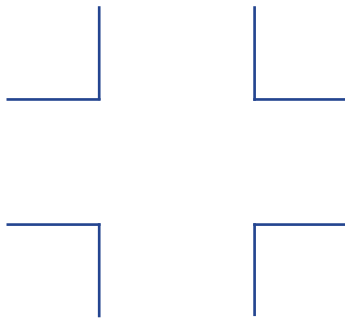
Had any alcohol or drugs been taken by the rider during the 12 hours prior to the accident? NO YES If "YES", TIME TAKEN AM/PM AMOUNT AND TYPE TAKEN

Was the rider injured in the accident? NO YES If "YES", to which hospital was the rider taken?

THE RIDER'S DESCRIPTION OF THE ACCIDENT - If insufficient space, please attach a separate page

THE RIDER'S MOVEMENTS 8 HOURS PRIOR TO THE ACCIDENT

INTERSECTION ACCIDENTS



North



South

DRAW YOUR OWN DIAGRAM FOR ACCIDENTS INVOLVING OTHER ROADWAYS

SYMBOLS:

Your Vehicle  Other Vehicle 
 (Direction of travel indicated by arrow in symbol)

Please also indicate traffic lights, stop or giveaway signs.

WHO DO YOU THINK WAS RESPONSIBLE FOR THE ACCIDENT?

Did the other driver admit fault? YES NO

Did you or your rider admit fault? YES NO

ESTIMATED SPEED
25 METRES BEFORE IMPACT

WHY DO YOU CONSIDER THE OTHER DRIVER RESPONSIBLE?

Was the other driver sober? YES NO

If "NO", did the other driver have a blood alcohol or breathalyser test? YES NO

_____ k.p.h.

particulars of the other vehicle

VEHICLE ONE TITLE		OWNER'S FIRST NAME			SURNAME	
(e.g. MR/MRS)						
ADDRESS				POSTCODE	TELEPHONE	
					()	
TITLE (e.g. MR/MRS)		DRIVER'S FIRST NAME			SURNAME	
ADDRESS				POSTCODE	TELEPHONE	
					()	
VEHICLE REG NUMBER	VEHICLE MAKE	MODEL	COLOUR	YEAR	INSURANCE COMPANY	

VEHICLE TWO TITLE		OWNER'S FIRST NAME			SURNAME	
(e.g. MR/MRS)						
ADDRESS				POSTCODE	TELEPHONE	
					()	
TITLE (e.g. MR/MRS)		DRIVER'S FIRST NAME			SURNAME	
ADDRESS				POSTCODE	TELEPHONE	
					()	
VEHICLE REG NUMBER	VEHICLE MAKE	MODEL	COLOUR	YEAR	INSURANCE COMPANY	

other damage caused to property - you should not approach the owner to obtain this information

TITLE (e.g. MR/MRS)		OWNER'S FIRST NAME			SURNAME	
ADDRESS NUMBER	STREET				SUBURB/TOWN	
DESCRIPTION OF PROPERTY DAMAGE						ESTIMATE OF DAMAGE
						\$

police report

Was the accident reported to the police?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	If "YES", DATE REPORTED	TIME	
Did police take details of the accident?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	/ /	AM/PM	
Did police attend the accident?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	If "YES", NAME OF OFFICER	NUMBER	STATIONED AT
Did you or your rider have a blood alcohol test?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	If "YES", give results		
Did you or your rider have a breathalyser test?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	If "YES", give reading and attach certificate if applicable		
Has police action been taken or threatened in connection with this accident?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	If "YES", WHAT CHARGE HAS BEEN MADE OR THREATENED?	AGAINST WHOM?	

pillion passenger information

TITLE (e.g. MR/MRS)	FIRST NAME	SURNAME
ADDRESS	TELEPHONE	
	()	

witness information

WITNESS ONE	TITLE	FIRST NAME	SURNAME
(e.g. MR/MRS)			
ADDRESS	TELEPHONE		
	()		
WITNESS TWO	TITLE	FIRST NAME	SURNAME
(e.g. MR/MRS)			
ADDRESS	TELEPHONE		
	()		
WITNESS THREE	TITLE	FIRST NAME	SURNAME
(e.g. MR/MRS)			
ADDRESS	TELEPHONE		
	()		

damage to your cycle

LIST DAMAGED AREA(S) AND EXTENT OF DAMAGE

Was the cycle towed?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	If "YES", by whom? Please attach a copy of tow docket
Where is the cycle now?			
REPAIRER'S NAME	TOTAL OF REPAIR QUOTE		
	\$		
REPAIRER'S ADDRESS	TELEPHONE		
	()		

declaration and authority

- I/We declare that to the best of my/our knowledge and belief these particulars are complete and correct.**
- (a) I/We agree to give any further information that may be required
 - (b) 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;
 - (c) I/We authorise the disclosure of this personal information regarding this claim to other parties;
 - (d) 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;
 - (e) 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;
 - (f) 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;
 - (g) 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 / /