

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

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 <input type="checkbox"/> RESTRICTED <input type="checkbox"/> LEARNER <input type="checkbox"/> |
| MOTORCYCLE LICENCE NUMBER | | DATE OBTAINED | EXPIRY DATE |
| | | / / | / / |
| DATE NEXT FINANCE PAYMENT DUE | | DATE LAST FINANCE PAYMENT MADE | YOUR POLICY SCHEDULE NUMBER |
| / / | | / / | |

your cycle information - please attach a copy of registration certificate

| | | | | | | |
|----------------------------|---------------------------------------|----------------------------------|-----------------------------------|-----------------------------------|--|----------------|
| MAKE | MODEL | YEAR MFR | REG. NO. | DATE REG. EXPIRES | DATE OF PURCHASE | PURCHASE PRICE |
| | | | | / / | / / | \$ |
| ENGINE CAPACITY (cc) | V.I.N./ENGINE NO. | PURCHASED FROM (dealer) | | | | |
| | | | | | | |
| USE AT TIME OF FIRE/THEFT | 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 | |
| NORMAL USE | PRIVATE <input type="checkbox"/> | COURIER <input type="checkbox"/> | BUSINESS <input type="checkbox"/> | OFF-ROAD <input type="checkbox"/> | DESCRIPTION OF MODIFICATION | VALUE |
| PLEASE LIST ANY OLD DAMAGE | MARKET VALUE AT TIME OF FIRE OR THEFT | | | | | \$ |
| | \$ | | | | | \$ |
| NAME OF REGISTERED OWNER | | | | | | \$ |
| | | | | | | \$ |
| ADDRESS NUMBER | STREET | SUBURB/TOWN | | | | |
| | | | | | | |

information of rider or person last in charge of your cycle

| | | | |
|--|------------------------------|-----------------------------|--|
| TITLE (e.g. MR/MRS) | FIRST NAME | SURNAME | |
| ADDRESS | OCCUPATION | | AGE |
| | | | / / |
| Is this person a regular rider of this motorcycle? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If "YES", how regular? % |
| MOTORCYCLE LICENCE ORIGIN | LICENCE TYPE | | |
| NZ | AUST | OTHER, PLEASE SPECIFY | 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 |
| | / / | / / | |

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

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 |
|------|------------------------|--------|-----------------|
| / / | | | \$ |
| / / | | | \$ |
| / / | | | \$ |
| / / | | | \$ |
| / / | | | \$ |

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 CYCLE | | TIME THE CYCLE WAS LAST SEEN BY WHOM |
| | | AM/PM |
| REASON FOR LEAVING THE CYCLE IN THIS LOCATION | | |
| | | |
| DETAILS OF FIRE OR THEFT | | |
| | | |

tell us about the fire or theft - continued

Was the cycle 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?

[Empty text box for describing how the user got 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 cycle

DATE RECOVERED TIME RECOVERED NAME OF POLICE OFFICER OR OTHER PERSON WHO FOUND THE CYCLE NUMBER OF OFFICER (if applicable)

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 CYCLE WHEN FIRST FOUND

WHERE IS THE CYCLE NOW?

Have you seen the cycle since recovered? YES NO Has the cycle 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.

- (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.

[Signature line]

Date / /

