

Insured details: Full details of Insured/Owner

Insured/owner: _____

Client and policy numbers: _____

Postal address: _____ Suburb/Town: _____

If company, contact name: _____ Position: _____

Telephone No; Home: _____ Work: _____ Mobile: _____

Email address: _____ Fax No: _____

Vehicle details: Full details of insured vehicle

Year: _____ Make: _____ Model: _____

Reg No: _____ Financially interested / leased: Yes No

Driver details: Full details of insured driver or person in charge of insured vehicle at the time of accident or loss

Full name: _____ Date of birth: ____ / ____ / ____

Home address: _____ Suburb/town: _____

New Zealand licence: Yes No Years licenced: _____ Type: Learner Restricted Full

Licence No: _____ Version No: _____ Expiry date: ____ / ____ / ____

Classes covered: _____

Relationship to insured

Insured/Owner/Director Relative (specify): _____ Other (specify): _____

For what purpose was the insured vehicle being used? Business Private

Had you taken any intoxicating liquor and/or drugs (prescribed or otherwise) within the 12 hours prior to the accident? Yes No

If Yes, please give full details: _____

Have you ever been convicted of any traffic or criminal offences (other than parking) within the last five years? Yes No

If Yes, please give full details: _____

Offence	Approximate date	Court action
_____	____ / ____ / ____	_____
_____	____ / ____ / ____	_____
_____	____ / ____ / ____	_____

Have you had any motor accidents or claims including theft (other than windscreen breakage) within the last five years? Yes No

If Yes, please give full details: _____

Details	Approximate date
_____	____ / ____ / ____
_____	____ / ____ / ____
_____	____ / ____ / ____

Please ensure that you complete the declaration section on page four.

Accident/Loss details:

Location (street): _____ Suburb/town: _____

Date: ____ / ____ / ____ Time: _____ am/pm Day of week: _____

Speed (kmph) prior to braking : _____ Approximate speed (kmph) on impact: _____

Road surface:

Sealed Unsealed Dry Wet

Weather conditions:

Fine Raining Fog Overcast Strong winds

Vehicle activity:

Collided with obstruction Turning vs same direction Reversing Head on Damaged whilst parked Hit animal

Lost control / left road Overtaking / lane change Cornering Tipping Right turn against traffic Rear end

Other (please specify): _____

Was any warning (horn signals etc) given by any person? Yes No

If Yes, please give details: _____

Were your headlights switched on and functioning? Yes No

Do you consider the other driver was responsible for the accident? Yes No

If Yes, please give reasons: _____

Describe in detail how the accident occurred: _____

Details of damage or loss to insured vehicle (indicate where insured vehicle is damaged):

Frontal Bonnet Multiple sides Rear Driver's side Windscreen/windowglass Roof Passenger's side No damage

Other (please specify): _____

Where can the insured vehicle be inspected? _____

Have you sent it to be repaired? Yes No

If Yes, please give name of repairer: _____ Contact phone: _____

Have you obtained an estimate for repairs? Yes No

If Yes, please advise amount of estimate: Estimate \$ _____

Has Star Underwriting Agents been contacted regarding the loss and/or have we been given the opportunity of appointing an independent assessor or loss adjuster (if required)? Yes No

If Yes, please give details: _____

Were there any passengers in insured vehicle? Yes No

Name: _____ Address: _____ Telephone No: _____

Name: _____ Address: _____ Telephone No: _____

Name: _____ Address: _____ Telephone No: _____

Please ensure that you complete the declaration section on page four.

Witnesses:

It is important that names & addresses are obtained whether the driver considers him/herself to blame or not

Name: Address: Telephone No:
Name: Address: Telephone No:
Name: Address: Telephone No:

Sketch plan of accident (not required for Theft or Fire claims)

Indicate: Layout of road, Position of vehicles on impact, Road signs and markings, Direction of vehicles travelled, Other vehicles (reg), Identify your vehicle

Other property: Full details of damage to other driver vehicle or property

Property or vehicle owned by:
Vehicle make: Model: Reg No:
Driver's full name:
Contact address: Suburb/town:
Contact telephone No, Home: Work: Mobile:
Their insurance company: Branch:
Estimated cost of repairs to other party's property (if known): \$
If more than one other vehicle involved in accident, please give details:
Other driver's full name:
Contact address: Suburb/town:
Contact telephone No, Home: Work: Mobile:
Vehicle make: Model: Reg No:

Police report:

Do the Police have knowledge of this incident? Yes No If Yes, please give details: Name of officer:
Number: Address of station:
Did the Police attend the scene of the accident? Yes No Did any driver undergo any test for alcohol or drugs? Yes No
If Yes, please give details:
Name: Address:
Name: Address:
Have the Police issued a Notice of Intended Prosecution, or given any verbal warning? Yes No If Yes, to whom and for what alleged offence?
Name: Offence:
Name: Offence:
Name: Offence:

Please ensure that you complete the declaration section on page four.

Pursuant to the Privacy Act 1993

To be completed by the Insured(s) shown and also on behalf of any other person covered by these insurances.

- 1 I/We declare that all information contained in this form and on any attachments is complete and correct;
- 2 I/We have disclosed all information relevant to the acceptance of this proposal;
- 3 I/We agree that this proposal shall be the basis of the contract between me/us and Star Underwriting Agents Limited and I/We am/are willing to accept the terms, conditions, and exclusions for these insurances;
- 4 The sums insured represent the full value of the property insured;
- 5 I/We understand that this proposal requests personal information about me/us which is held by Star Underwriting Agents Limited and Lumley General Insurance (N.Z.) Limited to evaluate my/our application for insurance. Failure to provide the information sought may result in my/our application being declined or my/our insurance being void from the beginning;
- 6 By signing this form I/We authorise Star Underwriting Agents Limited and Lumley General Insurance (N.Z.) Limited to;
 - (a) Check details against the Insurance Claims register and to place information on the Insurance Claims Register which other insurers can access;
 - (b) Disclose personal information to other members of the insurance industry and/or parties who have a financial interest in the subject matter of this insurance;
 - (c) Obtain personal information held by any other party regarding my/our existing and previous insurances;
- 7 I/We understand that there are rights of access to and correction of information held by Star Underwriting Agents Limited, Lumley General Insurance (N.Z.) Limited, and the Insurance Claims Register.

Declaration:

I/We declare that:

The information given in this form to be correct.

I/We agree that, should there be any dispute over any payment of this claim, Star Underwriting Agents Limited and Lumley General Insurance (N.Z.) Limited shall be entitled to submit the dispute to arbitration.

I/We authorise and request the New Zealand Police to release to Star Underwriting Agents Limited and Lumley General Insurance (N.Z.) Limited copies of any or all documents held by the New Zealand Police relating to the incident giving rise to this claim. If necessary this authority should be treated as a formal request pursuant to the Official Information Act, 1982.

I /We authorise the disclosure of personal information held by any other party regarding this claim.

I/We agree to Star Underwriting Agents Limited and Lumley General Insurance (N.Z.) Limited releasing to other parties personal information regarding this claim.

I/We authorise the Insurer or its authorised agent to give or obtain from other insurers or other parties any information relating to any insurance held or claim made.

Note: Failure to provide full and correct information could result in your claim not being accepted by Star Underwriting Agents Limited and Lumley General Insurance (N.Z.) Limited.

Signature insured/owner: Date: / /

If company, state position (i.e. CEO, manager etc.):

Driver's signature (if different from above): Date: / /