



Star Insurance  Prestigio Insurance  IM Co.

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:     /     /