

- Please ensure that all questions are answered in full in as much detail as possible
- We ask that you return this completed claim form together with a copy of your motorcycle licence (if applicable) to the above address

SECTION 1: INSURED DETAILS

Name: _____ Surname: _____ Company name: _____

Address: _____

Email: _____ Phone: _____ Cell: _____

Policy number: _____

SECTION 2: INSURED MOTORCYCLE DETAILS

Make: _____ Sum insured: _____ Chassis number: _____

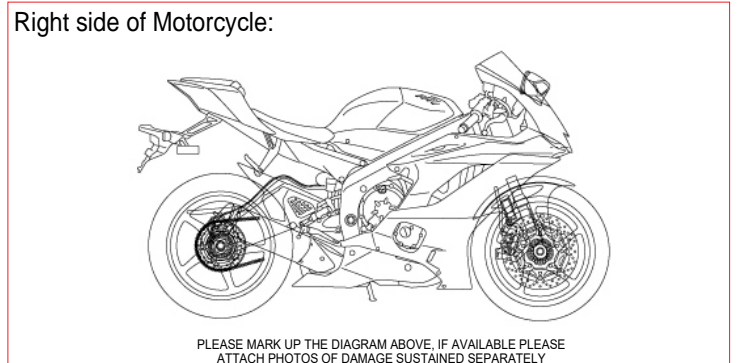
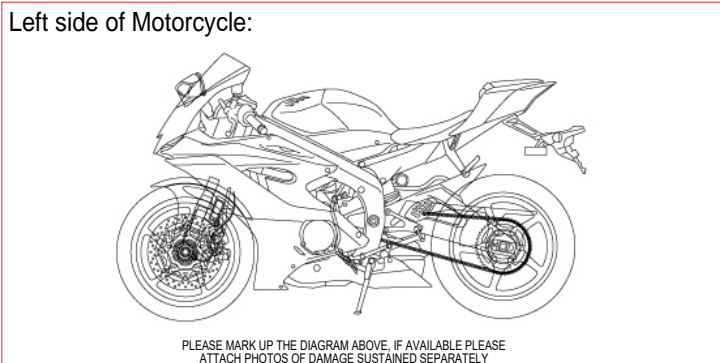
Model: _____ Registration number: _____ Engine number: _____

Year: _____ Speedo reading: _____

List of modifications or accessories: _____

SECTION 3: DAMAGE SUSTAINED

Area damaged: _____



Repairers name: _____

Repairers address: _____ Repairers phone: _____

Is bike rideable: _____ Is bike at the repairer? _____

Was the bike towed or transported: _____ If so where to: _____

SECTION 4: ACCIDENT DESCRIPTION

Date of accident: _____ Time of accident: _____

Place of accident: _____

Road surface: sealed/unsealed _____ Weather: dry/ wet/ snow/ hail /ice _____ Day/night _____ If night were lights on? _____

YOUR MOTORCYCLE

Estimated speed at time of the accident: _____

OTHER VEHICLE

Estimated speed at time of the accident:

An accurate and detailed circumstances surrounding the accident:

DIAGRAM OF THE ACCIDENT – Make a plan of the scene of the accident, showing the width of the roadway, positions of all vehicles. If the accident occurred at an intersection, show and advise all traffic lights or road signs etc. Please mark your motorcycle with an A and other vehicles as B etc, and the direction of each vehicle.

PLEASE ATTACH DIAGRAM OF THE ACCIDENT SEPARATELY

SECTION 5: DETAILS OF RIDER OF THE INSURED MOTORCYCLE

PLEASE PROVIDE A PHOTOCOPY OF THE RIDERS MOTORCYCLE LICENCE WITH THIS CLAIM FORM.

Name: _____ DOB: _____

Licence no: _____ Licence expiry: _____

SECTION 6: POLICE OF TRAFFIC OFFICER DETAILS

Did police attend the accident scene? _____

Police station and officer details: _____

Police reference number: _____ If the police did not attend the scene was the incident reported? _____

Was any liquor/drugs, prescriptive or non-prescription medication consumed 12 hours prior to the accident? _____

If yes when, what was consumed and how much: _____

Did police order a breathalyser or blood test? _____ If yes what was the reading? _____

Who do you believe was responsible for the accident: _____

Was liability admitted by any party: _____

Was any fines or infringements issued to any party? _____

SECTION 7: PASSENGER DETAILS

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

SECTION 8: WITNESS DETAILS

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

SECTION 9: THIRD PARTY DETAILS

Drivers name:

Drivers address:

Phone:

Vehicle make:

Registration number:

Drivers licence:

Insurer:

Owners name:

Owners address:

Phone:

SECTION 10: OTHER PROPERTY DAMAGE OR INJURIES

Damage to property (buildings, fences etc.)

SECTION 11: ADDITIONAL MOTORCYCLE INFORMATION

Is the motorcycle used for personal use?

If not what is the motorcycle used for:

Was the motorcycle in good working condition with no pre-existing damage?

If not provide details of any pre-existing damage:

Any injuries:

SECTION 12: PRIVACY STATEMENT

HOW WE PROTECT YOUR PRIVACY

HDI Global Specialty SE - New Zealand and YMI are committed to meeting their obligations under the Privacy Act 2020 (the "Act") with respect to the Personal Information that they collect and hold about You or other individuals You provided information about.

HDI Global Specialty SE - New Zealand may collect and hold Your Personal Information directly or through YMI acting as its Agent. YMI may also collect and hold Your Personal Information on its own behalf for the purposes set out below.

More information about how We collect, use, hold and disclose your Personal Information can be found at:

- HDI Global Specialty SE - New Zealand Data Privacy Statement: www.hdi-specialty.com/int/en/legals/privacy
- YMI Privacy Policy: Yamaha Motor Insurance New Zealand LTD. Privacy Policy | Yamaha Motor New Zealand (yamaha-motor.co.nz)

SECTION 10: DECLARATION

I/ We acknowledge Yamaha Motor Insurance Pty. Ltd. (YMI) and/or HDI Global Specialty SE - New Zealand (HDI) may give to, or obtain from, other insurers and/or Insurance/Financial Bureau, state Licensing, Parts or Service Providers, personal information in relation to this claim or my insurance in general.

I/We hereby declare that the information and answers given above are true in every detail and no information has been withheld or misrepresented

I/We undertake to render every assistance in My/Our power in dealing with this matter.

PLEASE ANSWER THE FOLLOWING FOUR QUESTIONS:

In the last 3 years have you had any insurance refused or cancelled? No Yes If yes, please give details:

In the last 3 years have you had any motorcycle accident or theft claims? No Yes If yes, please give details:

In the last 3 years have you been charged or convicted of any offence (other than vehicle/motorcycle offences) No Yes If yes, please give details:

In the last 3 years have you had a motor vehicle or motorcycle licence suspended or revoked for any reason? No Yes If yes, please give details:

Name of Insured: _____

Date: _____