



YMI
YAMAHA MOTOR INSURANCE

MOTORCYCLE THEFT CLAIM FORM

PRIVATE BAG 94412, BOTANY, AUCKLAND 2163

PHONE: 0800 664 678

EMAIL: CLAIMS@YMINZ.CO.NZ

- Please ensure that all questions are answered in full in as much detail as possible
- We ask that you return this completed claim form with any further requested information

SECTION 1: INSURED DETAILS

Name: _____ Surname: _____
Address: _____
Postcode: _____
Email: _____
Telephone: _____ Cell: _____
Company name: _____
Policy number: _____

SECTION 2: INSURED MOTORCYCLE DETAILS

Make: _____ Chassis number: _____
Model: _____ Registration number: _____ Engine number: _____
Manufacture year: _____ Speedo reading or Hours _____
List of modifications or accessories: _____

SECTION 3: THEFT DETAILS

Date theft discovered: _____ Time theft discovered: _____
Where was the Motorcycle stolen from? _____

How was the Motorcycle stolen? _____

How was the Motorcycle secured when parked? _____

MOTORCYCLE PARKING DETAILS

Date parked: _____ Time parked: _____

WHO LAST SAW THE MOTORCYCLE AND WHEN?

Name: _____ Relationship to Insured: _____
Address of contact: _____ Contact's phone number: _____
Date Motorcycle was sighted by contact: _____ Time: _____
How was the Motorcycle secured when parked? _____

SECTION 3: THEFT DETAILS (cont'd)

MOTORCYCLE PURCHASE DETAILS

Name of seller: _____ Phone: _____

Address: _____

Postcode: _____

Date of purchase: _____ Purchase price: _____

Do you owe money on the Motorcycle?: Yes No Lender: _____

Balance owing: _____ Account number: _____

How many sets of keys were supplied when you purchased the Motorcycle? _____

Name of person in possession of keys: _____ Phone: _____

Address: _____

Postcode: _____

Where are the keys now? _____

SECTION 4: DETAILS OF LAST RIDER OF THE INSURED MOTORCYCLE

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

Name: _____

Phone: _____ Date of birth: / /

Address: _____

Postcode: _____

Licence number: _____ Licence expiry: / /

SECTION 5: POLICE OR TRAFFIC OFFICER DETAILS

Did police attend? _____ Yes No

Police station and officer details: _____

If the police did not attend the scene was the incident reported? _____ Yes No

Police reference number: _____

SECTION 6: WITNESS DETAILS

Were there any witnesses? _____ Yes No

Name: _____ Phone: _____

Address: _____

Postcode: _____

Name: _____ Phone: _____

Address: _____

Postcode: _____

SECTION 7: OTHER PROPERTY DAMAGED/STOLEN

Theft of other personal property:

SECTION 8: ADDITIONAL MOTORCYCLE INFORMATION

Is the Motorcycle only used for personal use? Yes No

If no, what is the Motorcycle used for?

Was the Motorcycle in good working condition with no pre-existing damage? Yes No

If no, please provide details of any pre-existing damage:

SECTION 9: 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.

SECTION 10: DECLARATION (cont)

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: _____