

HARLEY | MOTORCYCLE INSURANCE™

Stolen or Burnt Motorcycle Claim Form



Harley-Davidson Insurance Services*

Return to: Swann Insurance
PO Box 68–200, Newton, Auckland
Phone: 0800 807 926
Email: Swannclaims@iag.co.nz

- If you supply any untrue or false information and know that it is not true Swann shall have the right to refuse the claim.
- We recommend that you read the Claims section of your policy.
- Please answer all the questions on this form. If a question does not apply to your claim, please answer 'N/A'.
- You must not incur any expense (unless it is to minimise the loss), or admit fault, without our permission.
- **The driver of the motorcycle (or the person who was in charge) must sign 'Part M: Declaration and signature' of this form.**

PART A: THE INSURED

Name: _____ Policy number: _____

POSTAL ADDRESS

Number/Street: _____ Suburb: _____

Town/City: _____ Post code: _____

CONTACTS

Home phone: _____ Fax: _____

Mobile phone: _____ Email: _____

Occupation: _____

HOG member? Yes No If yes what is your HOG membership # _____

If your claim is accepted and you wish to be paid direct into your account, please fill out the details below:

Bank Account:

PART B: DETAILS OF DRIVER OR PERSON IN CHARGE

1. What is the driver's date of birth? _____ Female Male

2. Was the driver (or person in charge when the accident happened) the person shown under Part A? Yes No

If 'Yes', please go to Part C: Driver's history. If 'No' please answer questions 3–6 below:

3. Full name of driver (or person in charge) _____

POSTAL ADDRESS

Number/Street: _____ Suburb: _____

Town/City: _____ Post code: _____

CONTACTS

Best contact phone number: _____ Best time to contact: _____

4. Relationship to the Insured: Husband Wife Son Daughter
Other (give details) _____

5. Did the driver have the owner's permission to use the motorcycle? Yes No

6. Does the driver have any motorcycle insurance? Yes No

7. Does the insured confirm ownership? Yes No

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PART C: DRIVER'S HISTORY

1. Has the driver ever been refused vehicle insurance or had a policy cancelled or not renewed? Yes No
2. In the past five years has the driver:
- (a) been involved in a motor accident? Yes No
- (b) been convicted of a driving offence or issued with an offence or infringement notice (including speeding)? Yes No
- (c) been disqualified from driving or had license endorsed, cancelled or suspended? Yes No

If you answered 'Yes' to any of the questions above, please provide details below:

PART D: DRIVER'S LICENCE

All details as they appear on the New Zealand driver's licence:

- (1) Surname: _____ (2) First name(s): _____
- (3) Date of birth: _____ (4a) Issue date: _____ (4a) Expiry date: _____
- (5a) Driver's licence: _____ (5b) Licence version number: _____
- (6) Full address as it appears on driver's licence:* _____

*This field is optional and may be blank on your licence

- (7) Licence classes: 1 2 3 4 5 or 6
- (8) Endorsements: P V I O D F R T W or NIL
- (9) Classes/endorsements for conditions: _____
- (10) Date and country of issue: _____
- (11) Was the driver licensed to drive this class of vehicle under the conditions endorsed? Yes No

PART E: THE INSURED VEHICLE

1. Year: _____ 2. Make: _____
3. Model: _____ 4. Reg. no: _____
5. Mileage: _____ 6. VIN number: _____
7. Chassis: _____ 8. Engine number: _____
9. Colour: _____ 10. Engine rating: _____
11. Has the vehicle been modified from the manufacturer's standard design or specification: Yes No
12. What do you think the motorcycle was worth at the time of loss? \$ _____

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PART: F OWNERSHIP AND FINANCE

1. Is the motorcycle subject to any hire purchase or any other finance arrangements? Yes No

If "Yes" please give full details (include the contact address of any finance company etc.): _____

2. When did you buy the motorcycle? _____

3. Who did you buy it from? _____

4. How much did you pay for it? \$ _____

PART G: HOW THE LOSS HAPPENED

1. When did the accident happen? Day: _____ date: _____ time: _____ AM PM

2. Where did it happen? (Street and town): _____

3. What was the motorcycle being used for? _____

4. Who was the last person to use your motorcycle? _____

5. Did the rider consume or use any alcoholic liquor, drug or intoxicating substance in the 12 hours before the accident? Yes No

If 'Yes', please give details: _____

What: _____ How much: _____ When: _____

6. Please show whether these applied to your motorcycle when it was left by the last person to use it:

(a) immobiliser operating? (b) alarm operating? (c) luggage locked?

(d) keys left in the ignition? (e) keys elsewhere in the motorcycle? (f) steering locked?

(g) wheel lock fitted?

7. Please describe what happened to your motorcycle:

8. Please draw or attach a diagram of the place where it happened (show buildings, driveways, roads etc.):

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PART H: POLICE REPORT

1. Has this loss been reported to the police? Yes No If "No", it must be reported to the police and question 2 answered.
2. Is a Police complaint acknowledgement attached? Yes No If "No", please complete the details below:
- Reported by: _____ on: _____
- to (Station name): _____ Complaint ref. no. _____
- Name of attending Officer: _____

PART I: USE AND GENERAL CONDITION

1. What was the motorcycle mainly used for? Private Business
2. Was the motorcycle already damaged before the loss or theft happened? Yes No
- If "Yes", please give details of existing damage: _____
- _____
3. Condition of vehicle (eg: good, average, poor, etc.): _____

PART J: KEYS

1. Do you have the keys for your vehicle? Yes No
- If "No", where are they? _____
2. Did anyone else have keys to the motorcycle? Yes No
- If "Yes", please give their details (name, address, contact phone): _____
- _____

PART K: OTHER EQUIPMENT

Please tick any of these which were fitted to your motorcycle, and give details (make, model, age, value etc):

1. Engine immobiliser/car alarm _____
2. Accessories details: _____
- _____
3. Did the vehicle have a current Warrant of Fitness? Yes No
- If "Yes", where was the WOF obtained? _____ When does the WOF expire? _____

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PART L: OTHER DETAILS

1. Is there any other information which would help us with your claim? Yes No

If "Yes", please give details: _____

2. Please tick any of the following documents you can give us, and supply them with this form:

Ownership papers Vehicle inspection certificate Service manual Receipts for servicing Owners manual

Other please give details: _____

PART M: DECLARATION AND SIGNATURE

I declare that:

1. AUTHORISE SWANN INSURANCE TO MOVE THE MOTORCYCLE TO A CLAIMS ASSESSING CENTRE FOR EXAMINATION AND ASSESSMENT.

2. MATERIAL FACTS

- (a) All information given to Swann in connection with this claim (whether oral or written) is true and correct;
- (b) No information relevant to the claim is omitted.

3. USE OF INFORMATION

- (a) My personal information collected by Swann in connection with this claim may be:
- (i) disclosed to other members of the insurance industry and Insurance Claims Register Limited;
 - (ii) disclosed to parties repairing or replacing the subject matter of the claim;
 - (iii) disclosed to parties who have a financial interest in the subject matter of the policy;
 - (iv) used by Swann to advise me of its other services
 - (v) 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;
- (b) My personal information held by any other parties in connection with this claim may be disclosed to Swann;
- (c) We may (at our sole discretion) require you to provide a declaration under the Oaths and Declarations Act.

PLEASE NOTE:

- We gather information about you (including your claims history) to consider your claim. The terms of your insurance policy require you to supply this information, and if you do not to provide it, or if you provide any false or untrue information, we may decline your claim.
- Your claims history is passed onto, and held by, Insurance Claims Register Limited. This enables other insurers you deal with to access it, and prevents fraudulent claims.

SIGNED BY THE RIDER

Signature _____ Date _____

SIGNED ON BEHALF OF ALL INSURED'S

Signature _____ Date _____

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