



# HONDA

## RIDER INSURANCE

### CLAIM FORM



PO BOX 105647, AUCKLAND CITY POST SHOP, AUCKLAND, 1143 PHONE: 0800 455 002 E-MAIL: CLAIMS@HONDAINSURANCE.CO.NZ

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

#### SECTION 1: INSURED DETAILS

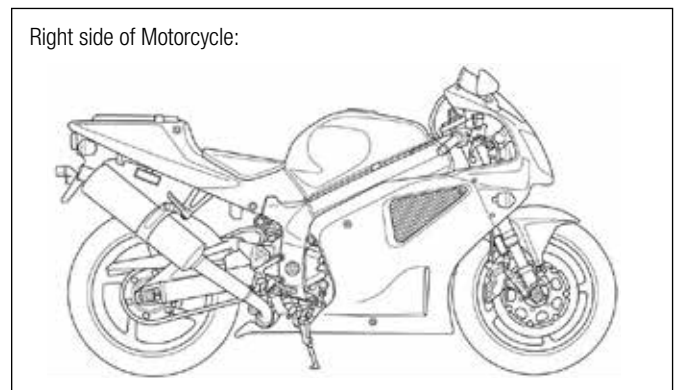
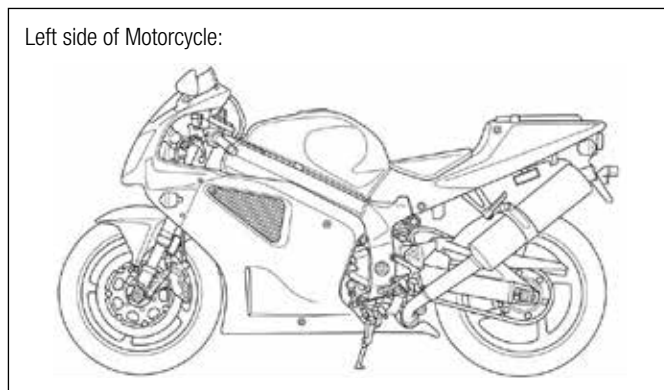
Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_

#### 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: \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_

Is the bike rideable? Yes  No  Is the bike at the repairer? Yes  No   
 Was the bike towed or transported? Yes  No  If yes, where to? Yes  No



## SECTION 6: POLICE OR TRAFFIC OFFICER DETAILS

Did police attend the accident scene? Yes  No

Police station and officer details: \_\_\_\_\_

Police reference number: \_\_\_\_\_ If the police did not attend the scene was the incident reported?: Yes  No

Were any liquor/drugs, prescriptive or non-prescriptive medication consumed 12 hours prior to the accident? Yes  No

If yes, what was consumed and how much: \_\_\_\_\_

Did police order a breathalyser or blood test? Yes  No  If yes, what was the reading? \_\_\_\_\_

Who do you believe was responsible for the accident: \_\_\_\_\_

Was liability admitted by any party? Yes  No  Were any fines or infringements issued to any party? Yes  No

Have you ever had any prior accidents and/or claims? \_\_\_\_\_

If yes, details? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SECTION 7: PASSENGER DETAILS

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

## SECTION 8: WITNESS DETAILS

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

## SECTION 9: THIRD PARTY DETAILS

Drivers name: \_\_\_\_\_ Phone: \_\_\_\_\_

Drivers address: \_\_\_\_\_

Postcode \_\_\_\_\_

Vehicle make: \_\_\_\_\_ Registration number: \_\_\_\_\_ Driver licence: \_\_\_\_\_

Insurer: \_\_\_\_\_

Owners name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owners address: \_\_\_\_\_

Postcode: \_\_\_\_\_

**SECTION 10: OTHER PROPERTY DAMAGE**

Damage to property (buildings, fences etc)

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**SECTION 11: ADDITIONAL MOTORCYCLE INFORMATION AND INJURIES**

Is the motorcycle used for personal use? Yes  No

If no, what is the motorcycle used for?

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

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

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Any injuries: Yes  No

Details of injuries:

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**SECTION 12: PRIVACY REQUIREMENTS**

Your Privacy is important to us. You need to read the Privacy Statement overleaf which explain, amongst other things, how we collect, handle, store and disclose your personal and sensitive information in order for us to provide and inform you about our insurance and insurance related services. To do this we may disclose your personal information to our service providers and others in accordance with the Privacy Statement. The Privacy Policy is located on our website [www.nminsurace.co.nz](http://www.nminsurace.co.nz)

**SECTION 13: DECLARATION**

I/we acknowledge NM Insurance Pty Ltd (ABN 34 100 6330 38 AFSL 227186) 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 foregoing particulars to be true and correct and I/we undertake to render every assistance in my/our power in dealing with this matter.

Signature of The Insured:

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Name: \_\_\_\_\_ Date:    /    /

## SECTION 14: PRIVACY STATEMENT

NM Insurance Pty Ltd, ABN 34 100 633 038, are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) (Privacy Act) and the Australian Privacy Principles (APPs).

This Privacy Statement outlines how we collect, disclose and handle your personal information (including sensitive information) as defined in the Act.

### Why we collect your personal information

We collect your personal information (including sensitive information) so we can:

- identify you and conduct necessary checks;
- determine what service or products we can provide to you e.g. offer our insurance products;
- issue, manage and administer services and products provided to you or others, including claims investigation, handling and settlement;
- improve our services and products e.g. training and development of our representatives, product and service research and data analysis and business strategy development;
- make special offers of other services and products provided by us or those we have an association with, that might be of interest to you.

### What happens if you don't give us your personal information?

If you choose not to provide us with the information we have requested, we may not be able to provide you with our services or products or properly manage and administer services and products provided to you or others.

### How we collect your personal information

Collection can take place by telephone, email, or in writing and through websites (from data you input directly or through cookies and other web analytic tools).

We collect it directly from you unless you have consented to collection from someone other than you, it is unreasonable or impracticable for us to do so or the law permits us to.

If you provide us with personal information about another person you must only do so with their consent and agree to make them aware of this privacy notice.

### Who we disclose your personal information to

We share your personal information with third parties for the collection purposes noted above.

The third parties include: our related companies and our representatives who provide services for us, Lloyd's, our insurers, other insurers and reinsurers, your agents, our legal, accounting and other professional advisers, data warehouses and consultants, social media and other similar sites and networks, membership, loyalty and rewards programs or partners, providers of medical and non-medical assistance and services, investigators, loss assessors and adjusters, other parties we may be able to claim or recover against, and anyone either of us appoint to review and handle complaints or disputes and any other parties where permitted or required by law.

We may need to disclose information to persons located overseas. Who they are may change from time to time. You can contact us for details or refer to our Privacy Policy available at our website [www.nminsurance.co.nz](http://www.nminsurance.co.nz)

In some cases we may not be able to take reasonable steps to ensure they do not breach the Privacy Act and they may not be subject to the same level of protection or obligations that are offered by the Act. By proceeding to acquire our services and products you agree that you cannot seek redress under the Act or against us (to the extent permitted by law) and may not be able to seek redress overseas.

### More information, access, correction or complaints

For more information about our privacy practices including how we collect, use or disclose information, how to access or seek correction to your information or how to complain in relation to a breach of the Australian Privacy Principles and how such a complaint will be handled, please refer to our Privacy Policy available at our website [www.nminsurance.co.nz](http://www.nminsurance.co.nz) or by contacting us (our contact details are below).

### Contact us and opting out

By proceeding with your application or submitting your claim, you and any other person included on the policy, consent to this use and these disclosures unless you tell us otherwise. If you wish to withdraw your consent, including for things such as receiving information on products and offers by us or persons we have an association with, please contact us.

**By phone:** 0800 455 002

**By email:** [claims@hondainsurance.co.nz](mailto:claims@hondainsurance.co.nz)

**In writing:** Level 31, 48 Shortland Street,  
Auckland, 1010

Effective date: 24 October 2017



**Nautilus Marine Underwriting Agency Limited trading as NM Insurance**

PO Box 105647, Auckland City Post shop, Auckland 1143

Level 31, 48 Shortland Street, Auckland, 1010

Phone: 0800 455 001

Email: [customerservice@nautilusinsurance.co.nz](mailto:customerservice@nautilusinsurance.co.nz)

[www.nminsurance.co.nz](http://www.nminsurance.co.nz)