

- 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: _____ Mobile: _____
 Policy number: _____

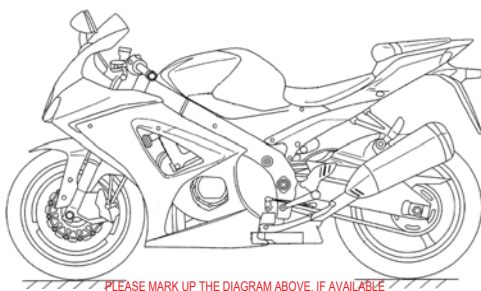
SECTION 2: INSURED MOTORCYCLE DETAILS

Make: _____ Sum insured: _____ Chassis number: _____
 Model: _____ Registration number: _____ Engine number: _____
 Year: _____ Speedo reading: _____
 List of modifications or accessories: _____

SECTION 3: DAMAGE SUSTAINED

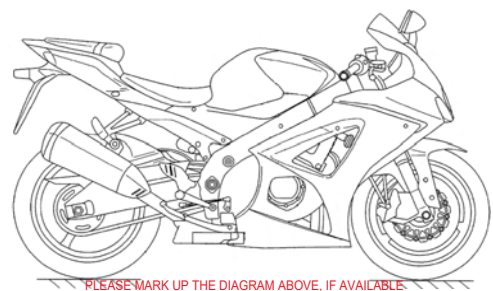
Area damaged: _____

Left side of Motorcycle:



PLEASE MARK UP THE DIAGRAM ABOVE, IF AVAILABLE
PLEASE ATTACH PHOTOS OF DAMAGE SUSTAINED SEPARATELY

Right side of Motorcycle:



PLEASE MARK UP THE DIAGRAM ABOVE, IF AVAILABLE
PLEASE ATTACH PHOTOS OF DAMAGE SUSTAINED SEPARATELY

Repairers name: _____
 Repairers address: _____ Repairers phone: _____
 Is bike rideable: _____ Is bike at the repairer? _____
 Was the bike towed or transported: _____ If so where to: _____
 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: _____

SECTION 4: ACCIDENT DESCRIPTION

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:
Have you ever had any motor vehicle stolen?		If yes details:	
Have you ever lost your licence?			
Have you ever had any traffic offences, fines or infringements?		If yes details:	
Have you had any prior accidents and/or claims?		If yes details:	

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: _____

PRIVACY STATEMENT

We are committed to protecting your privacy. We will only use the personal information you have provided us in settling this claim, and any claim made against you in respect of this claim

SIGNATURES

I/we acknowledge Yamaha Motorcycle Insurance, underwritten by Lloyds of London, may give to, or obtain from, other insurers, Licencing, 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.

Name of owner: _____ Date: _____

Name of owner: _____ Date: _____



Lloyd's is a member of the Insurance Council of New Zealand and its New Zealand coverholders adhere to the Fair Insurance Code, which provides you with assurance that we have high standards of service to our customers.