

Kawasaki Insurances

KAWASAKI MOTORCYCLE INSURANCE CLAIM FORM



PO BOX 6156, NORTH SYDNEY 2060 PHONE: 1300 160 659 E-MAIL: CLAIMS@KAWASAKIINSURANCES.COM.AU

- 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: _____

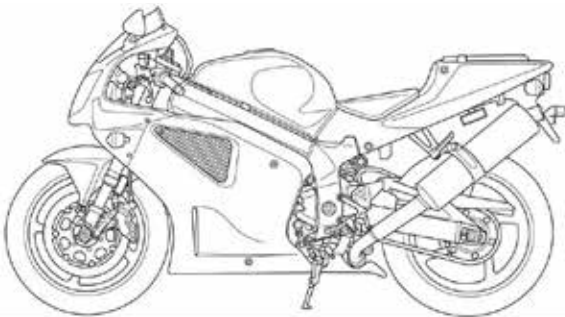
SECTION 2: INSURED MOTORCYCLE DETAILS

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

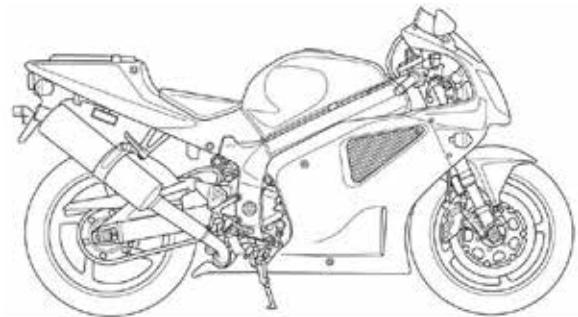
SECTION 3: DAMAGE SUSTAINED

Area Damaged: _____

Left side of Motorcycle:



Right side of Motorcycle:



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

Date of accident: / / Time of accident: _____

Place of accident: _____

Road surface: sealed/unsealed Weather: dry / wet / snow / hail / ice

Light conditions: day / night / twilight 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

Please provide an accurate and detailed description of the 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.

SECTION 5: DETAILS OF RIDER OF THE INSURED MOTORCYCLE

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

Name: _____ Date of Birth: / /

Licence number: _____ Licence expiry: /

Have you ever had any motor vehicle stolen? Yes No

If yes, details: _____

Have you ever lost your licence? Yes No

Have you ever had any traffic offences, fines or infringements? Yes No

If yes, details: _____

Have you ever had any prior accidents and/or claims? Yes No

If yes, details? _____

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)

SECTION 11: ADDITIONAL MOTORCYCLE INFORMATION AND INJURIES

Is the motorcycle 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:

Any injuries: Yes No

Details of injuries:

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.com.au

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:

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.kawasakiinsurances.com.au

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.kawasakiinsurances.com.au 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: 1300 160 659

By email: claims@kawasakiinsurances.com.au

In writing: Level 7, 99 Walker St. North Sydney, NSW 2060

Effective date: 24 October 2017



NM Insurance Pty Ltd

ABN 34 100 633 038 AFSL 227186

Level 7, 99 Walker St. North Sydney, NSW 2060

Phone: 1300 780 533

Email: customerservice@nminsurance.com.au

www.nminsurance.com.au

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