



# Protective Gear and Bike Contents Claim Schedule

Phone: 0800 250 600  
Email: [claims@starinsure.co.nz](mailto:claims@starinsure.co.nz)

Please complete this to the best of your knowledge. Insurance fraud is a crime, please ensure that all information is complete and correct.  
Please provide proof of ownership for each item detailed, such as purchase receipt, warranty book, accessories, photo of item/photo of item in use.

Policyholder: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Claim Reference: \_\_\_\_\_ Email address: \_\_\_\_\_

Detail property damaged or stolen including manufacturer and model (if applicable)	Purchased from	Age of item	Original purchase price	Present day replacement cost	Permanently stored in/on bike
_____	_____	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>
_____	_____	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>
_____	_____	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>
_____	_____	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>
_____	_____	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>
_____	_____	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>
_____	_____	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>
_____	_____	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>
_____	_____	_____	_____	_____	Yes <input type="radio"/> No <input type="radio"/>

I/We declare that the information and answers given above are true in every detail and that all relevant information has been disclosed. I/We authorise Star Underwriting Agents Ltd (t/a Star Insurance Specialists) to give to or obtain from any other party any information that in Star Underwriting Agents Ltd's view is relevant to this claim.

I/We understand that:

- 1) the claim may be refused if information is untrue or concealed
- 2) the above information and claim form are needed before it will be decided whether to accept this claim
- 3) the Privacy Act 1993 entitles me to have access to and if necessary request correction of the information

Insured's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Submit**

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