

Motor Vehicle Insurance Claim Form – Theft

This form must be completed in full. If a question does not apply, please write "n/a"
IMPORTANT NOTE: Any Police Offence notice must accompany this claim form.

The Insured/Registered Owner

Client Number: _____

Full Name of the Insured: _____
Private Address: _____
Phone: (Home) _____ (Work) _____ Mobile: _____
Occupation: _____
Drivers Licence Type: Learner: ☐ Restricted: ☐ Full: ☐ International: ☐ Which Country? _____
Licence Class: _____ Date of Issue: _____ Expiry Date: _____

Your Vehicle – Details

Make & Model of Vehicle: _____ Year of Vehicle: _____ Registration Number: _____
At the time of the incident, for what purpose was the Vehicle being used? Private: _____ Work/Bus: _____ Other: _____
Is the Vehicle in any way under Mortgage, Bill of Sale or Hire Purchase Agreement? Yes ☐ No ☐
If so, please give particulars: _____
Modifications since Manufacture: _____
Was the Vehicle in an undamaged and safe condition prior to the incident: Yes ☐ No ☐
Warrant of fitness current to: _____ Issued by: _____
Where and when was the vehicle purchased? _____
Purchase price of Vehicle: _____ Odometer reading at purchase: _____ and time of theft: _____
In whose name is the Insured Vehicle Registered? _____
Have you ever advertised or offered the Insured Vehicle for Sale? Yes ☐ No ☐ If Yes, when? _____

Your Vehicle – Condition

Please indicate the general condition of the Insured Vehicle immediately prior to the incident.
Did your vehicle have any identifying features? (eg: stickers, badges, sign writing) _____
What was the condition of the vehicle overall? _____
Condition of paintwork? _____
Condition of interior trim? _____
Condition of engine and transmission? _____
Condition of body parts (dents, rust)? _____
Condition of tyres? _____
What was the date of the last Vehicle Service? _____ By whom? _____

Your Vehicle – Vehicle Recovery

Have the Vehicle or Accessories been recovered? Yes ☐ No ☐
If Yes, a) When found? Time: _____ Am/pm _____ Date: _____
b) Where? _____ c) By whom? _____

Your Vehicle – Driver Details

Name of the person in control of the Vehicle at the time of the theft: _____

Age: _____ Address: _____

Date of Birth: _____ Contact Phone Numbers: _____

Occupation: _____

If the person in control of the Vehicle is **NOT** the Insured:

a) Relationship to the Insured: _____ b) Was the Vehicle used with the Insured's authority? Yes ☐ No ☐

c) Does the Driver personally own a private car? Yes ☐ No ☐ If Yes, then Make and Model of Vehicle: _____

Registration of Vehicle: _____ Insurance Company: _____ Drivers Licence Number: _____

Drivers Licence Type: Learner: ☐ Restricted: ☐ Full: ☐ International: ☐ Which Country? _____

Licence Class: _____ Date of Issue: _____ Expiry Date: _____

Driver History (Both the driver's and the insured's details are required)

1. Have the Insured or Vehicle Driver ever had an insurance policy or renewal cancelled, declined or refused? Yes ☐ No ☐ Who _____

2. Has any Insurer ever demanded an increase in premium or excess from the Insured or the Driver? Yes ☐ No ☐ Who _____

3. Does the Insured or Vehicle Driver suffer from any physical defect, infirmity or disability? Yes ☐ No ☐ Who _____

4. Have the Insured or Vehicle Driver ever been involved in a motor vehicle accident or made a claim? Yes ☐ No ☐ Who _____

5. Have the Insured or Vehicle Driver ever been issued with a summons or convicted for any traffic or criminal offence? Yes ☐ No ☐ Who _____

6. Have the Insured or Vehicle Driver ever had a driver licence suspended or cancelled? Yes ☐ No ☐ Who _____

7. Did the last person to use the vehicle consume or use any alcoholic liquor, drug or intoxicating substance in the last 12 hours before the theft of the vehicle? Yes ☐ No ☐ Who _____

If you have answered Yes to any of the above questions, please give details:

Incident Details

What was stolen? a) The Vehicle Yes ☐ No ☐ b) Accessories from the Vehicle Yes ☐ No ☐

From what address was the Vehicle or Accessories stolen? _____

Where was the Vehicle Parked? a) Garage ☐ b) Carport ☐ c) Driveway ☐ d) Roadside ☐

e) Other (specify) _____

When did the person in control of the Vehicle last see the Vehicle prior to the theft? Time: _____ am/pm Date: _____

Was the Vehicle fully locked and secure? Yes ☐ No ☐ Was an alarm or immobiliser operational? Yes ☐ No ☐

How many sets of keys are there for the Vehicle? _____

Where were all the Vehicle keys when the theft occurred? _____

Where are all the Vehicle keys now? _____

When did you know the theft occurred? Time: _____ am/pm Date: _____

Was the theft reported to the Police? Yes ☐ No ☐

If Yes, a) To which Police Station? _____ b) By Whom? _____

c) When? _____ What is the Police File Number? _____

Is there any other Insurance on the Vehicle or Accessories? _____

Have you any indication who the offender was? Yes ☐ No ☐

If Yes, Their name: _____ Address: _____

Incident Details – Accessories or Extras

If the Vehicle is unrecovered please list full details of all accessories, modifications or extras fitted to the Vehicle. If the Vehicle is recovered then please list full details of all accessories, modifications and extras that are missing.

| Description (include make/model and Supply any receipts) | Age of item | Replacement/Purchase Price (supply notes) |
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Incident Details

What damage did your Vehicle sustain?

Was the Vehicle towed from the scene? Yes ☐ No ☐ If so, by whom? _____

Where is the Vehicle currently located? _____

Have you obtained an estimate for repairs? Yes ☐ No ☐ If so please send the estimate(s) to us with this claim form.

Please note. You are not to authorise repair of the Insured Vehicle until the damage has been inspected and the estimated loss has been approved by Insure Direct or it's Underwriter and/or their Assessor.

Other Information

Please use this section to provide any other information that could be relevant to this claim.

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

Name of Account: _____

Bank Account Number:

Statutory Declaration

I/We hereby declare the forgoing particulars to be true and correct and I/We undertake to provide any information requested and to render Insure Direct, their Underwriters or anyone appointed by them every assistance within My/Our power in dealing with the matter.

I/We give Tower permission (pursuant to the Privacy Act 1993) to disclose to and/or obtain from other parties, information to process my claim and for other insurance related purposes. This includes but is not limited to other insurance companies, the Insurance Claims Register, repairers or suppliers, and the New Zealand Police. For further information please refer to our Privacy Policy on our website.

I/We intend to claim indemnity under My/Our Insurance Certificate in respect of this incident.

I/We agree that any instructions given by Insure Direct, their Underwriters or anyone appointed by them for the repair or removal/disposal of the Vehicle will be taken as being on My/Our behalf.

I/We understand that the information provided on this claim form and any supporting documents are subject to the Contract of Insurance as detailed in the Insurance Schedule and Policy Wording.

Date: _____ Signature of the Insured: _____

Signature of the Driver: _____