

Claim Form

Vehicle Theft



Please help us to help you by:

- completing all relevant questions in full as this can avoid the need for further enquiry and possible delay in settling your claim
- signing and dating page 2 of this form

Issued by

Date / /

Office

INSURANCE FRAUD IS A CRIME - PLEASE ENSURE ALL INFORMATION IS CORRECT

1. Policyholder(s) details

Policy/Client number Claim number (if known)

Full name Mr Mrs Miss Ms

Postal address Date of birth / /

Telephone Home Business Mobile

Email Home Business

Occupation Employer

2. Motor vehicle details

Year of Manufacture Make Model Colour

Registration Plate No. Engine/Chassis No. Odometer Reading (Km's)

Has the vehicle or engine been modified in any way? Yes No Warrant of Fitness No. Expiry Date / /

Detail all mechanical and panel damage, and modifications to vehicle that existed prior to the theft:

3. Theft details

Date vehicle stolen / / Time stolen between am pm and am pm

Where was the vehicle parked at the time of the theft?

Residential address Garage/Carport Parking Area Road Side Other (Specify)

Why was the vehicle left there?

Who parked the vehicle prior to the theft? (Please provide full details below)

Name Mr Mrs Miss Ms

Address

Date of birth / /

Telephone Home Business Mobile

What was the owner/driver doing at the time of the theft?

Was the vehicle left fully locked and secure?

How many sets of keys are there for the vehicle?

Where were each set of keys at time of theft?

Where are each set of keys now?

4. Police details

Have the Police been advised? Yes No Police Station

Who reported the theft? Time Date / /

Police File number (Please attach Police Complaint Acknowledgement Form)

5. Vehicle recovery details (Please complete this section only if your vehicle has been recovered)

Where was the vehicle located?

Who located the vehicle?

Date / / Time am pm

Detail all damage to the vehicle that has occurred after the theft

How was entry gained to vehicle?

Has the steering lock been forced?

Where can vehicle be inspected?

6. General questionnaire (Please answer all questions)

When was your vehicle last serviced? Date / / If vehicle is financed, what is balance owing? \$

Who serviced the vehicle?

Finance Company (or other interested parties)

Are you behind in your payments? Yes No Details

Do you know who the offender was? Yes No Details

Do you know how entry to the vehicle was gained? Yes No Details

Is there any other insurance on the vehicle? Yes No Details

Since owning this vehicle, have you insured it with any other insurance company? Yes No Details

Have you ever tried to sell this vehicle? Yes No Details

Have you had any motor vehicle accidents or losses in the past 5 years? Yes No Details

Have you had any traffic or criminal convictions in the past 10 years? Yes No Details

7. Direct crediting authority

If your claim is accepted and there are payment(s) to you, we can pay this amount direct into your bank account by direct credit. If you would like us to make this direct credit, please complete details below. You will be advised if a payment has been made following acceptance of your claim.

Do you wish to use this facility? Yes No Name of Account

I/We authorise the payment to be made into this bank account. (Please attach a deposit slip)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank			Branch			Account Number						Suffix							

14. Declaration/Privacy Act 1993/Insurance Claims Register

I/We declare that to best of my/our knowledge and belief these particulars are complete and correct.

I/We

- agree to give any further information that may be required;
- understand you require this personal information, which will be retained by you at 48 Shortland Street, Auckland before you can evaluate my/our claim;
- authorise the disclosure of this personal information regarding this claim to other parties;
- authorise the obtaining by you from any other party personal information about me/us that is in your view relevant to this claim;
- authorise the obtaining by you from Insurance Claims Register Limited (ICR Ltd), which holds details of claims made by me/us under policies with other insurers, personal information about me/us that is in your view relevant to this claim;
- authorise you to place details of this claim on the database of ICR Ltd, PO Box 474, Wellington, where it will be retained and be available to other insurance companies to inspect;
- understand that I am/we are entitled to have certain rights of access to and correction of the personal information held by you and ICR Ltd.

The collection of this information is required under the terms of your policy. Failure to provide it may result in your claim being declined.

Date / /

Signature of the Policyholder(s) (If the policy is in joint names, both signatures are required)

Please return this completed claim form to: PO Box 1093, Wellington or scan and email to newclaims@ampg.co.nz, or fax toll free 0508 498 8378. Phone toll free 0508 806 244.

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