



**Part C: Drivers history for person in charge of the vehicle**

1. Has the driver ever been refused vehicle insurance or had a policy cancelled or not renewed? Yes  No
2. In the past five years has the driver:
- (a) been involved in a motor accident? Yes  No
- (b) been convicted of a driving offence or issued with an offence or infringement notice (including speeding)? Yes  No
- (c) been disqualified from driving or had license endorsed, cancelled or suspended? Yes  No

*If you answered "Yes", to any of the questions above, please provide details below:*

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**Part D: The insured vehicle**

1. Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Reg. No: \_\_\_\_\_

2. What was the vehicle mainly used for? Private  Business

3. Does the vehicle have an alarm / immobiliser? Yes  No   
*If "Yes", please provide details below:*

(a) Was the device factory standard? Yes  No

(b) Was the device active at the time of the theft? Yes  No

4. Does the vehicle have a tracking device? Yes  No

5. Did your vehicle have any identifying features? (eg: stickers, badges, sign writing) Yes  No   
*If "Yes", please provide details below:*

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6. What type of wheels did the vehicle have?

Manufacturers Standard  Mag Wheels  Other

*If "Other", please provide details below:*

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7. Was the vehicle modified in any way since manufacture? Yes  No   
*If "Yes", please provide details below:*

(a) Item \_\_\_\_\_ Date Fitted \_\_\_\_\_  
Specified on Policy Yes  No   
D / M / Y

(b) Item \_\_\_\_\_ Date Fitted \_\_\_\_\_  
Specified on Policy Yes  No   
D / M / Y

(c) Item \_\_\_\_\_ Date Fitted \_\_\_\_\_  
Specified on Policy Yes  No   
D / M / Y

8. Did the vehicle have a current Warrant of Fitness?  
*If "No", please explain why the vehicle did not have a Warrant of Fitness:*

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9. Was there any existing damage to the vehicle? Yes  No   
*If "Yes", please provide details below:*

\_\_\_\_\_

10. Was there any existing mechanical issues? Yes  No   
*If "Yes", please provide details below:*

\_\_\_\_\_

11. Is there any other insurance on this vehicle or accessories? Yes  No   
*If "Yes", please provide details below:*

\_\_\_\_\_

12. Have you been trying to sell the vehicle? Yes  No   
*If "Yes", please provide details below:*

\_\_\_\_\_

**Part E: Ownership and finance**

1. Who is the registered owner? \_\_\_\_\_

2. Is the vehicle subject to any hire purchase or any other finance arrangements? Yes  No   
*If "Yes", please provide details below:*

(a) Finance company name \_\_\_\_\_

(b) Payoff amount (including GST) \_\_\_\_\_

(c) Were the loan payments up to date? Yes  No   
*If "No", please provide details:*

\_\_\_\_\_

3. When did you buy the vehicle? \_\_\_\_\_

4. Who did you buy the vehicle from? \_\_\_\_\_

**Part F: How the loss happened**

1. When did the loss occur? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time of Loss \_\_\_\_\_    
D M Y AM PM

2. Where was the vehicle parked? Street Address \_\_\_\_\_

Suburb \_\_\_\_\_ Town/City \_\_\_\_\_

3. Who parked the vehicle? \_\_\_\_\_

4. When was the vehicle parked? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time of Loss \_\_\_\_\_    
D M Y AM PM

5. Was the vehicle securely locked? Yes  No   
*If "No", please provide details below:*

\_\_\_\_\_

6. Please indicate whether these applied to your vehicle when it was left by the last person to use it:

all windows wound up  all doors locked  boot or hatch locked

steering lock fitted  alarm operating  immobiliser operating

7. What was the car being used for in the hours leading up to the theft?

\_\_\_\_\_

8. Who discovered the theft?

\_\_\_\_\_

9. How was entry gained?

\_\_\_\_\_

10. Are there signs of forced entry or tampering with the ignition?

Yes

No

(Broken glass on the ground where the car was stolen, tools or evidence left at the scene etc)

If "Yes", please provide details:

\_\_\_\_\_

11. How did you find out the vehicle was stolen?

\_\_\_\_\_

12. Were any other vehicles in the same area broken into or stolen?

Yes

No

If "Yes", please provide details below:

\_\_\_\_\_

### Part G: Keys

1. Do you have the keys for your vehicle?

Yes

No

If "No", where are they?

\_\_\_\_\_

2. How many sets of keys are there for the vehicle?

\_\_\_\_\_

3. Where were the keys at the time of the theft?

\_\_\_\_\_

4. Where are the keys now?

\_\_\_\_\_

5. Did anyone else have keys to the vehicle?

Yes

No

If "Yes", please give their details (name, address, contact phone)

\_\_\_\_\_

6. Did anyone else regularly use the vehicle, but not have a set of keys?

Yes

No

If "Yes", please give their details (name, address, contact phone)

\_\_\_\_\_

7. Please show whether these applied to your vehicle when it was left by the last person to use:

Yes

No

(a) keys left in the ignition

Yes

No

(b) keys elsewhere in the vehicle

Yes

No

If "Yes", to (a) or (b) please provide details:

\_\_\_\_\_

### Part H: Police report

1. Are there signs of forced entry or tampering with the ignition?

Yes

No

If "Yes", please provide details:

\_\_\_\_\_

If "No", it must be reported to the Police.

2. Is a Police Complaint Acknowledgment attached? Yes  No   
*If "No", please provide the details below:*

Reported by \_\_\_\_\_ to (Station name) \_\_\_\_\_

Complaint Ref. No. \_\_\_\_\_ Name of Attending Officer: \_\_\_\_\_

3. Do you know who the offender is or do you suspect someone? Yes  No

*If "Yes", please provide details:* \_\_\_\_\_

### Part I: Other equipment

1. Please indicate if any of these were fitted to your vehicle at the time of theft and provide details (make, model, age, serial numbers etc):

Radar detector  \_\_\_\_\_

Roof rack or carrier  \_\_\_\_\_

Child safety seat  \_\_\_\_\_

Stereo / MP3 / CD system  \_\_\_\_\_

2. If you have a Stereo how was it fitted?

Factory fitted by the manufacturer  Installed by you since you purchased the car

Not manufacturer fitted, but in the car when you purchased it

3. Has the stereo or any of the items listed above been specified on your policy? Yes  No

### Part J: Recovered vehicles

**Only complete Part J if the vehicle has been recovered**

1. What date was the vehicle recovered? \_\_\_\_\_

2. How long was the vehicle missing? \_\_\_\_\_

3. Please indicate the condition of the vehicle when it was recovered?

No Apparent Damage  Damaged  Vandalised  Burnt Out

Flooded  Stripped  Stripped and Burnt Out  Stripped and Flooded

4. Is the ignition damaged? Yes  No

*If "Yes", please provide details:* \_\_\_\_\_

5. Was the vehicle involved in an accident while missing? Yes  No

*If "Yes", please provide details:* \_\_\_\_\_

6. Is the car still drivable? Yes  No

7. Where is the vehicle located at present? \_\_\_\_\_

8. How did the vehicle get to its current location? \_\_\_\_\_

**Part K: Other details**

1. Is there any other information which would help us with your claim? Yes  No

If "Yes", please provide details: \_\_\_\_\_

2. Please tick any of the following documents you can give us, and supply them with this form:

Ownership Papers  Vehicle Inspection  Certificate Service Manual   
Receipts for Servicing  Owners Manual  Other (please give details):  \_\_\_\_\_

**Part L: Privacy Declaration and Signature**

**PRIVACY STATEMENT**

Pursuant to the Privacy Act 2020 the following is brought to your attention:

- a. This claim form collects personal information about you.
- b. The information is collected to evaluate your claim.
- c. The intended recipient of the information is: The Insurer named above (hereinafter called "the Company") and is being held by them at their head office.
- d. The collection of this information is required pursuant to the terms of your insurance policy.
- e. Failure to provide this information may result in your claim being declined.
- f. You have rights of access to, and correction of this information subject to the provisions of the Privacy Act 2020.

**DECLARATION & SIGNATURE**

**PLEASE NOTE: Failure to provide full and truthful information could result in the claim being declined**

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld.

I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.

I/We acknowledge that I/we have read and understood the Privacy Act 2020 information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim, with their approval.

I/We acknowledge that if I/we do not agree to the collection of this personal and sensitive information your insurer will be unable to process my/our claim.

I/We agree to the Company disclosing my/our personal information regarding this claim to:

Parties who have financial interest in the subject matter of the policy and parties repairing or replacing the subject matter of the claim.

Other parties including other members of the Insurance Industry and the database of the Insurance Claims Register (ICR Ltd)

PO Box 474, Wellington where it will be retained and made available to other insurance companies to inspect.

**SIGNED BY THE DRIVER**

\_\_\_\_\_  
Signature

Date \_\_\_\_\_  
D / M / Y

**SIGNED ON BEHALF OF ALL INSURED**

\_\_\_\_\_  
Signature

Date \_\_\_\_\_  
D / M / Y

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