



vehicle theft claim form

Policy No

Claim No

section 1: insured

Title Mr Mrs Miss Ms Dr Other (please specify)

Initials Last name (or Corporate name)

Address

Age Phone (Home) (Business)

section 2: insured vehicle

Make Model Year Registered No.

Purchased from Date Purchase Price \$

Have you offered the vehicle for sale, sought valuations or trade-in estimates in the last 12 months? yes no

If 'Yes', from whom, why and with what result?

section 3: ownership

Is the Insured the registered owner? yes no If 'No', supply owners name

Do you owe money on the vehicle to any person or firm? yes no If 'Yes', supply details

section 4: person in charge

Was the insured the last person in charge of the vehicle before it was stolen? yes go to the next Section no Person in charge must complete this Section

Title Mr Mrs Miss Ms Dr Other (please specify)

First names Last names

Address

Age Phone (Home) (Business)

Relationship to Insured (eg: spouse, son, daughter)

section 5: history

Have you ever been refused motor vehicle insurance or had a policy cancelled by an insurer? yes no

If 'Yes', give details

Within the last 5 years, have you:

a) Had a **motor accident** (regardless of blame) including **broken glass, fire or theft**, whether or not a claim was made against an insurance policy.

If 'Yes', give details including date/s, costs, and Insurer, if any

b) Had a conviction or pending prosecution or been fined for any motoring offence (other than parking)?.... yes no

If 'Yes', give details, including penalties

c) Have you previously had a vehicle stolen? yes no

If 'Yes', give details

section 6: police report details

Name of the Police Station to which theft was reported

Name of Police Officer

Day, Date and Time reported

Police File Number (Please attach the Police complaint form)

section 7: theft details

Day of Theft Date Time Left

Date and Time Theft was Discovered

Where was the vehicle stolen from? (Give a full description of the location)

Where were you going when you left your vehicle?

Who was with you when;

a) i) you left the vehicle?

ii) the Theft was discovered?

Name

Name

Address

Address

b) How did you return home after discovering the Theft? (e.g., Taxi, Bus, Friends, give full details)

c) Were all the vehicle doors locked? yes no

d) Were all the windows fully wound up? yes no

e) Were the keys: in the ignition? yes no

or in or about the vehicle? yes no

If 'Yes', give details

f) How many sets of keys do you have and where are the keys now?

g) Does the vehicle have any form of additional security? (e.g., Alarm, steering lock, etc.) yes no

i) If yes, give details

ii) Was it being used? yes no

h) Has the vehicle been recovered? yes no

If 'Yes':

i) Where found by whom

ii) Date Time found am pm

iii) Who arranged salvage

iv) Police Station & Officer attending

v) Damage to vehicle

vi) State the Location of the Vehicle

vii) Arrangements for our inspection and preferred repairer

i) Did you have any personal effects stolen? yes no

If 'Yes', which company are your contents insured with?

section 8: vehicle condition prior to theft

- a) i) Speedo reading km/mi
- ii) Paintwork
- iii) Interior trim
- iv) Motor/Transmission (detail nature and cost of major work since purchase)
- v) Body panels (rust or dents)
- vi) Age of Tyres: LF RF LR RR
- vii) Accessories (i) on vehicle when purchased
(ii) fitted since purchase
- b) Who normally services the vehicle?
- c) When was the last W.O.F. issued and by whom?
- d) What do you consider the vehicle's market value to have been at the time of the theft? \$
- e) What do you base this opinion on?

section 9: stolen/damaged accessories

List any accessories stolen from the vehicle	When and where purchased	Purchase Price	Replacement Cost

section 10: additional comments

additional comments continued

declaration

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 AMI Insurance Limited to give to or obtain from any other party (including but not restricted to Credit Reference checking agencies and the NZ Police) any information that in AMI Insurance Limited's view is relevant to this claim.

I/we understand that:

- the claim may be refused if information is untrue or concealed.
- the information (which AMI Insurance Limited will retain) is needed before it will decide whether to accept this claim.
- the Privacy Act 1993 entitles me to have access to and if necessary request correction of the information.

Important Note: If you supply untrue or false information and know it is not true AMI Insurance Limited shall have the right to refuse a claim.

Signature of Person in charge

Date

Signature of Insured

Date