



# vehicle theft claim form

Policy No

Claim No

## section 1: insured

Title  Mr  Mrs  Miss  Ms  Dr Other

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

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.  yes  no 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

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     |
|--|--------------------------|----------------------|----------------------|
| <input type="text"/>                         | <input type="text"/>     | <input type="text"/> | <input type="text"/> |

## section 10: additional comments

Large empty rectangular box for additional comments.

## declaration

I confirm that:

1. The information given is entirely true and correct and that I have not withheld any information relevant to the acceptance of this insurance. Where I have given information about someone else, I confirm that I have their permission to do so and that their information may be treated in the same way as mine.
2. Where any information I have provided is incorrect or has been withheld, AMI Insurance Limited, its successors and assigns ("AMI") may reduce my claim or treat it as void from the outset.
3. AMI, an insurance business within IAG's New Zealand group of companies and the other companies in that group (together the "IAG NZ Group"), is authorised to:
  - a. Obtain from any other person, including other members of the IAG NZ Group and Southern Response Earthquake Services Limited ("Southern Response"), information about my insurance history (including information related to claims) or any other matter relevant to this policy, any claim by or relating to me, or additional or future insurance I might take out with AMI or other members of the IAG NZ Group and use and disclose such information for the purposes of IAG NZ Group's insurance business in accordance with its applicable privacy policy;
  - b. Disclose to any other person, including other members of the IAG NZ Group, information about this claim, policy or previous or future insurance with the IAG NZ Group, if the person making the request is entitled to the information or if the IAG NZ Group determines at its discretion that the person is properly acting on my behalf and that the disclosure of the information will be to my benefit;
  - c. Disclose information (including information related to claims) that the IAG NZ Group has collected or collects about me, to Southern Response for the purposes of Southern Response evaluating, processing, managing and settling any claims, and any matters that are necessary for, or incidental to, such purposes and other insurance purposes, in accordance with Southern Response's privacy policy; and
  - d. Send me commercial electronic messages (e.g. texts, emails and faxes) for any of the purposes set out in AMI's privacy policy, including the marketing to me of products and services of the IAG NZ Group.
4. I understand this information is obtained and will be held by the IAG NZ Group at 1 Fanshawe Street, Auckland for the purposes of evaluating and processing my claim and for other insurance purposes (including verifying identity, considering whether to provide insurance to me, offering quotes, providing insurance and to administer my insurance policy), and may also be used to tell me about other products offered by the IAG NZ Group.
5. I am aware that the Privacy Act 1993 entitles me to have access to and request correction of this information.

Signature of Driver

Signature line for Driver

Date

Signature of Policyholder

Signature line for Policyholder

Date