

Stolen or Burnt Vehicle

CLAIM FORM



- ▶ We recommend that you read the Claims section of your policy.
- ▶ Please answer all the questions on this form. If a question does not apply to your claim, please answer 'N/A'.
- ▶ You must not incur any expense (unless it is to minimise the loss), or admit fault, without our permission.
- ▶ **THE DRIVER OF THE VEHICLE (OR THE PERSON WHO WAS IN CHARGE) MUST SIGN 'PART R' OF THIS FORM.**

PART A: THE INSURED

Name: _____ Policy number: _____

POSTAL ADDRESS

Number/Street: _____ Suburb: _____

Town/City: _____ Post code: _____

CONTACTS

Home phone: _____ Fax: _____

Mobile phone: _____ Email: _____

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

Bank Account:

PART B: DETAILS OF DRIVER OR PERSON IN CHARGE

1. What is the driver's Date of Birth? _____ Female Male

2. Was the driver (or person in charge when the accident happened) the person shown under Part A? Yes No

If 'Yes', please go to Part E, If 'No' please answer questions 3-6

3. Full name of driver (or person in charge) _____

POSTAL ADDRESS

Number/Street: _____ Suburb: _____

Town/City: _____ Post code: _____

CONTACTS

Best contact phone number: _____ Best time to contact: _____

4. Relationship to the Insured: Husband Wife Son Daughter Other (give details) _____

5. Did the driver have the owner's permission to use the vehicle? Yes No

6. Does the driver have any motor vehicle insurance? Yes No

7. Does the insured confirm ownership? Yes No

PART C: DRIVER'S HISTORY

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: DRIVER'S LICENCE

All details as they appear on the New Zealand driver's licence:

(1) Surname: _____ (2) First name(s): _____

(3) Date of birth: DD – MM – YYYY (4a) Issue date: DD – MM – YYYY (4a) Expiry date: DD – MM – YYYY

(5a) Driver's licence: _____ (5b) Licence version number: _____

(6) Full address as it appears on driver's licence: * _____

*This field is optional and may be blank on your licence

(7) Licence classes: 1 2 3 4 5 or 6

(8) Endorsements: P V I O D F R T W or NIL

(9) Classes/endorsements for conditions: _____

(10) Date and country of Issue: DD – MM – YYYY _____

(11) Was the driver licensed to drive this class of vehicle under the conditions endorsed? Yes No

PART E: THE INSURED VEHICLE

1. Year: _____ 12. Engine Type: Carburettor Fuel Injected Turbo Charged

2. Make: _____ 13. Transmission: Manual Automatic 4WD

3. Model: _____ 14. Number of speeds: 3 4 5

4. Reg. No: _____ 15. Power steering: Yes No

5. Number of Doors: _____ 16. Fuel: Petrol Diesel CNG LPG

6. Mileage: _____ 17. Electric windows: Yes No

7. VIN Number: _____ 18. Air Conditioning: Yes No

8. Chassis: _____ 19. Roof: Standard Convertible Cabriolet Sunroof

9. Engine Number: _____ 20. Japanese 2nd Hand Import: Yes No

10. Colour: _____ 21. Was the vehicle a Kitset or Replica? Yes No

11. Engine Rating: _____ 22. Number of previous owners: _____

If "Yes" to questions 20 or 21, please give details: _____

23. Has the vehicle been modified from the manufacturer's standard design or specification: Yes No

24. What do you think the vehicle was worth at the time of Loss? \$ _____

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PART: F OWNERSHIP AND FINANCE

1. Who is the Registered Owner on the Vehicle Ownership Papers? _____
2. Is the vehicle subject to any Hire Purchase or any other finance arrangements? Yes No
If "Yes" please give full details (include the contact address of any finance company etc): _____

3. Who has the ownership papers? _____
4. When did you buy the vehicle? _____
5. Who did you buy it from? _____
6. How much did you pay for it? \$ _____ How much was your deposit? \$ _____

PART G: HOW THE LOSS HAPPENED

1. When did the accident happen? Day: _____ Date: DD MMM YYYY Time: _____ AM PM
2. Where did it happen? (street and town): _____
3. What was the vehicle being used for? _____
4. Who was the last person to use your vehicle? _____
5. Did the last person to use the vehicle consume or use any alcoholic liquor, drug or intoxicating substance in the 12 hours before they left it?
If "Yes", What? _____ How Much? _____ When? _____
6. Please show whether these applied to your vehicle when it was left by the last person to use it:
(a) all windows wound up? (b) all doors locked? (c) boot or hatch locked?
(d) keys left in the ignition? (e) keys elsewhere in the vehicle? (f) steering lock fitted?
(g) alarm operating? (h) immobiliser operating?
7. Please describe what happened to your vehicle:

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8. Please draw or attach a diagram of the place where it happened (show buildings, driveways, roads etc.):

PART H: POLICE REPORT

1. Has this loss been reported to the police? Yes No *If "No", it must be reported to the police and question 2 answered*

2. Is a Police Complaint Acknowledgement attached? Yes No *If "No", please complete the details below*

Reported by: _____ on: _____

to (Station Name): _____ Complaint Ref. No. _____

Name of Attending Officer: _____

PART I: USE AND GENERAL CONDITION

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

2. Was the vehicle already damaged before the loss or theft happened? Yes No

If "Yes", please give details of existing damage: _____

3. Please give a brief description of the condition of each of these (eg: good, average for age, poor, etc)

Engine: _____ Paintwork: _____

Gearbox: _____ Seats: _____

Transmission: _____ Suspension: _____

Door Trims/Handles: _____ Steering: _____

Body Areas: _____

4. Has the radiator/cooling system been repaired or replaced recently? Yes No

If "Yes", please give details _____

5. Has the exhaust system been repaired or replaced recently? Yes No

If "Yes", please give details _____

6. Was there rust on any part of the vehicle? Yes No

If "Yes", please give details _____

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7. Did you regularly carry pets in your vehicle? Yes No
- If "Yes", what type of animal? _____ How often? Every Day Every Week Every Month

PART J: WHEELS AND TYRES

1. Tyres: Please give details for each tyre:

	Date Purchased	New or Used	Approximate Km Travelled
Front Left			
Front Right			
Rear Left			
Rear Right			
Spare			

2. What type of wheels did the vehicle have? Manufacturers standard Mag Wheels Other
- If "Other" please give details: _____

PART K: VEHICLE INTERIOR

1. What type of interior trim did the vehicle have? Vinyl Cloth Wool Leather
2. What colour was the interior trim? _____
3. How many seatbelts were in your vehicle? _____
4. Did your vehicle have any identifying features? (eg: stickers/badges/signwriting) Yes No
- If "Yes", please give details: _____
5. What colour were the fitted carpets in your vehicle? _____
6. What condition was the dashboard? (any cracks?) _____
7. Did you have additional floor mats in the vehicle? Yes No
- If "Yes", what type? Rubber Carpet Other: _____

PART L: VEHICLE CONTENTS

1. What items were in the?
- Glove compartment: _____
- Side Door Pockets: _____
- Boot/Hatch: _____
2. Did you have any other contents in your vehicle at the time of the loss? Yes No
- If "Yes", please give details: _____
- _____
- _____

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PART M: KEYS

1. Do you have the keys for your vehicle? *If "Yes", please give the serial numbers below*

Door: _____ Ignition: _____

Boot/Hatch: _____ Fuel Cap: _____

If "No", where are they? _____

2. Did anyone else have keys to the vehicle? Yes No

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

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

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

PART N: OTHER EQUIPMENT

Please tick any of these which were fitted to your vehicle, and give details (make, model, age, value etc):

Engine Immobiliser/Car Alarm _____

Phone _____

Radar Detector _____

Roof Rack or Carrier _____

Child Safety Seat _____

PART O: SOUND SYSTEM

1. Did your vehicle have a Stereo/MP3/CD System? Yes No *If "Yes", please answer questions 2-4 below.*

2. 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. If not factory fitted, do you have receipts or guarantee documents? Yes No

4. What Make and Model was it? _____

5. Please list all components with serial numbers if you have them: _____

PART P: SERVICE HISTORY

1. Who did the last service on the vehicle? _____ Date: **DD MMM YYYY** _____

2. Where was your vehicle usually serviced? _____

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3. Do you have copies of your servicing invoices/accounts? Yes No

4. Did the vehicle have a current Warrant of Fitness? Yes No

If "Yes", where was the WOF obtained? _____ When does the WOF expire? DD MMM YYYY

5. Did your vehicle need extra oil between services? Yes No

If "Yes", how much? every 1000 Km _____ each month _____ each petrol fill _____

6. Did your vehicle run well? Yes No

If "No", please give details of any problems: _____

PART Q: OTHER DETAILS

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

If "Yes", please give 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 R: DECLARATION AND SIGNATURE

I declare that:

1. AUTHORISE NZI TO MOVE THE VEHICLE TO A CLAIMS ASSESSING CENTRE FOR EXAMINATION AND ASSESSMENT.

2. MATERIAL FACTS

- (a) All information given to NZI in connection with this claim (whether oral or written) is true and correct;
- (b) No information relevant to the claim is omitted.

3. USE OF INFORMATION

- (a) My personal information collected by NZI in connection with this claim may be:
- (i) disclosed to other members of the insurance industry and Insurance Claims Register Limited;
 - (ii) disclosed to parties repairing or replacing the subject matter of the claim;
 - (iii) disclosed to parties who have a financial interest in the subject matter of the policy;
 - (iv) used by NZI to advise me of its other services
- (b) My personal information held by any other parties in connection with this claim may be disclosed to NZI;
- (c) We may (at our sole discretion) require you to provide a declaration under the Oaths and Declarations Act.

PLEASE NOTE:

- ▶ We gather information about you (including your claims history) to consider your claim. The terms of your insurance policy require you to supply this information, and if you do not to provide it, or if you provide any false or untrue information, we may decline your claim.
- ▶ Your claims history is passed onto, and held by, Insurance Claims Register Limited. This enables other insurers you deal with to access it, and prevents fraudulent claims.

SIGNED BY THE DRIVER Signature _____ Date DD MMM YYYY

ON BEHALF OF ALL APPLICANTS Signature _____ Date DD MMM YYYY