

Stolen or Burnt Vehicle Claim form



- ▶ If you supply any untrue or false information and know that it is not true NZI shall have the right to refuse the claim.
- ▶ 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 L' 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. Was the last person to use the car the person shown in Part A? Yes No

If "Yes", please answer question 5, if "No" please answer questions 2-5

2. Full name of driver/person in charge of the vehicle before the theft: _____

POSTAL ADDRESS

Number/Street: _____ Suburb: _____

Town/City: _____ Post code: _____

CONTACTS

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

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

4. Did the last person to use the vehicle have the owner's permission? Yes No

5. Did the last person to use the vehicle consume or use an alcoholic liquor, drug or intoxicating substance in the last 12 hours before the theft of the vehicle? Yes No

If "Yes", please provide details below:

Substance: _____ Amount: _____ Time: _____

Substance: _____ Amount: _____ Time: _____

Substance: _____ Amount: _____ Time: _____

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:

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
- 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:

- (a) Was the device factory standard? Yes No
- (b) Was the device active at the time of theft? Yes No

If "Yes", please provide details below:

- 6. What type of wheels did the vehicle have?
Manufacturers Standard Mag Wheels Other

If "Other", please provide details: _____

- 7. Was the vehicle modified in any way since manufacture? Yes No

If "Yes", please provided details below and include the make and model of the item:

- (a) Item: _____ Date Fitted: _____ Specified on Policy: Yes No
- (b) Item: _____ Date Fitted: _____ Specified on Policy: Yes No
- (c) Item _____ Date Fitted: _____ Specified on Policy: Yes No

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

If "No", please explain why the vehicle did not have a Warrant of Fitness:

- 9. Was there any existing damage to the vehicle? Yes No

If "Yes", please provide details: _____

- 10. Were there any existing mechanical issues? Yes No

If "Yes", please provide details: _____



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11. Is there any other insurance on this vehicle or accessories? Yes No

If "Yes", please provide details: _____

12. Have you been trying to sell the vehicle? Yes No

If "Yes", please provide details: _____

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? Day: _____ Date: DD MMM YYYY Time: _____ AM PM

2. Where was the vehicle parked? Street: _____

Suburb: _____ Town / City: _____

3. Who parked the vehicle? _____

4. When was the vehicle parked? Date: DD MMM YYYY Time: _____ AM PM

5. Was the Vehicle Securely Locked? Yes No

If "No", please provide details: _____

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? _____

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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: _____

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 it:

(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. Has this loss been reported to the Police? Yes No

If "Yes", when was the theft reported to the Police? _____

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

2. Is a Police Complaint Acknowledgement 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 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 L: 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, a business division of IAG New Zealand Ltd, 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

SIGNED ON BEHALF OF ALL INSUREDS

Signature: _____ Date: DD MMM YYYY



We are a member of the Insurance Council of NZ and adhere to the Fair Insurance Code. Further information on the Fair Insurance Code can be found at www.icnz.org.nz