

Motor Vehicle Theft Claim form

Important notice

You must answer all questions honestly and fully. The issue of this claim form is not an admission of liability by QBE Insurance.

How to complete this form

- To help us process your claim quickly, you must answer all questions fully. If there is insufficient space, please use additional pages. If a question is not relevant to your situation, please write 'N/A'.
- If you are completing this form by hand, please ensure you write clearly.
- If you are completing this form electronically, please open it using the latest version of Adobe Reader. Use your mouse/trackpad to take the cursor to the next editable field. Boxes can be ticked either by using your mouse/trackpad or by hitting 'enter'. Upon completion, please print out this form and sign the declaration.
- The signed form should then be posted, or emailed, to your broker.

Broker

Company

Individual

A Insured's details

1. Insured's name

2. Policy number

3. Expiry date

dd / mm / yyyy

4. Address

5. Phone

Work

Mobile

6. Email address

7. Bank details to be used for claims settlements

(a) Payee name

(b) For payments into New Zealand accounts, please provide bank, branch and account numbers:

(c) For payments into overseas accounts, please provide the following:

Bank

Branch

Country

Swift/sort code

Account number



B Vehicle/ownership

1. Make Model Year Registration no.

2. Purchased from Date Price

3. Have you offered the vehicle for sale, sought valuations or trade-in estimates during the past 12 months? Yes No

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

4. Is the insured the registered owner? Yes No

If 'No', who is?

5. Is money owned on the vehicle to any person or firm? Yes No

If 'Yes', please provide details.

C Person in charge

1. Who was the last person in charge of the vehicle before it was stolen? Insured Other

If 'other', provide the following details:

Name First Last

Address

Phone Work Mobile

Email address

Relationship to the insured Age
(eg employee, spouse, son, daughter)

D History

1. Have you ever been refused motor vehicle insurance or had a policy cancelled by an insurer? Yes No

If 'Yes', please provide details.

2. Within the past five years, have you:

(a) had a motor accident, including broken glass, fire or theft, regardless of blame and regardless of whether a claim was made or not? Yes No

If 'Yes', please provide 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 for parking)? Yes No

If 'Yes', please provide details (including penalties).

3. Have you previously had a vehicle stolen? Yes No

If 'Yes', please provide details.

E Police report details

1. Name of the Police Station to which theft was reported:

2. Name of Police Officer

3. When was the theft reported?

Day Date Time am pm

4. Police file number

(Please attach the Police Complaint Acknowledgement form and tick to indicate enclosure.)

Enclosed

F Theft details

1. (a) Vehicle left

Day Date Time am pm

(b) Theft discovered

Day Date Time am pm

2. Location vehicle was stolen from?

Please provide a full description.

3. When you left your vehicle:

(a) where were you going?

(b) who was with you? Name

Phone

Address

Email address

4. When you discovered the theft:

(a) who was with you? Name Phone

Address

Email address

(b) how did you get home?

5. Vehicle security

(a) Were all the vehicle doors locked? Yes No

(b) Were all the windows fully wound up? Yes No

(c) Were the keys in the ignition or in/about the vehicle? Yes No

If 'Yes', please provide full details.

6. How many sets of keys do you have and where are the keys now?

7. (a) Does the vehicle have any form of additional security (eg alarm, steering lock, etc)? Yes No

If 'Yes', please provide full details.

(b) Was such security being used? Yes No

8. Has the vehicle been recovered?

Yes No

If 'Yes':

(a) Where was it found? By whom?

(b) Date found / / Time found am pm

(c) Who arranged salvage?

(d) Name of Police Station and Officer attending

(e) Damage to vehicle

9. (a) Current location of the vehicle

(b) Arrangements for our inspection

10. Did you have any personal effects stolen?

Yes No

If 'Yes':

(a) What?

(b) Which company are your contents insured with?

G Vehicle condition prior to theft

1. Speedometer reading km miles

2. Paintwork

3. Interior trim

4. Motor/transmission (Please provide details of the nature and cost of major work since purchase.)

5. Body panels (rust or dents)

6. Age of tyres LF RF LR RR

7. Accessories:
(a) on vehicle when purchased

(b) fitted since purchase

8. Who normally services the vehicle?

9. Warrant of fitness
(a) When was the last WOF issued

(b) By whom?

10. What do you consider the vehicle's market value to have been at the time of theft?

11. What do you base this opinion on?

H Stolen/damaged accessories

1. Please list any accessories stolen or damaged.

Item	Date purchased	Place purchased	Purchase price	Replacement cost
			NZD	NZD
			NZD	NZD
			NZD	NZD
			NZD	NZD

Declaration

I/We declare that:

- (a) The information and answers given above are correct to the best of my/our knowledge and belief. I/We have not withheld any information likely to affect QBE's consideration of the claim.
- (b) I/We understand that QBE requires this information (which will be retained by QBE) to evaluate the claim. I/We understand that the Privacy Act 1993 entitles me/us to have access to, and request the correction of, this information.
- (c) QBE is authorised to disclose information received from me/us to its advisers, reinsurers and to other insurers. I/We authorise QBE to obtain, from any other party, information that is, in QBE's view, relevant to this claim.

Signed by applicant

Date

dd / mm / yyyy

Printed name

Phone

Position

Mobile

Email address

PRINT