

# MOTOR VEHICLE THEFT

## claim form

NB: This form must be completed by the vehicle owner. Please answer all questions.  
If not applicable, please write N/A.



### THE PRIVACY ACT 2020

This claim form collects personal information for the purpose of evaluating your claim in accordance with the terms of your policy. Failure to provide correct and complete information may result in your claim being declined. The information will be held by Classic Cover Insurance Ltd, PO Box 12-129 Penrose, Auckland and will be passed to your insurer. The insurer, NZI will collect, hold, use and disclose the information in accordance with its Privacy Policy available at [www.nzi.co.nz/privacy](http://www.nzi.co.nz/privacy). Individuals have the right to request access to and correction of their personal information. Please refer to our privacy policy: [www.classiccover.co.nz/privacy-policy](http://www.classiccover.co.nz/privacy-policy)

### 01 POLICY DETAILS

Policy Number

Name of any other party with financial interest in the vehicle:

Policy Wording (if known)

Is there any other insurance on the vehicle or accessories? Yes No

Premium Status Paid Unpaid

Surname of Insured or name of company

### INSURED VEHICLE

Make

First name(s) of Insured

Model

Address

Year Registration number

Home telephone Business telephone

Has the vehicle been modified in any way? Yes No

Mobile telephone

If yes, please give details:

Email address

### 02 DRIVER'S HISTORY

Has the driver had any other accident, loss or claim in connection with any motor vehicle during the past five years? Yes No

Has the driver even been charged or convicted for any criminal or motoring offence or received any traffic infringement notice? Yes No

If 'Yes', please give all details below.

Insurance Refusals

### 03 DATE AND PLACE OF THEFT

Please describe what has happened:

At the time of theft, was your vehicle fitted with an active electronic engine immobiliser? Yes No

Where were the keys to the vehicle when the theft occurred?

Day of week

When did you discover the theft had occurred?

From what address was the vehicle stolen?

How did you know the theft had occurred?

Where was the vehicle parked?

Was the vehicle stolen or parts only?

Garage Carport Driveway Parking Area Roadside  
Other (Please give details below)

If parts only, please give details:

When did you last see the vehicle?

Where are all the sets of keys now?

Were all the doors locked and windows closed? Yes No

Police Report Reference Number

Please turn over.

04 CONDITION OF THE VEHICLE

At the time of the theft did the vehicle have any defects in the following:

Mechanical?

Yes

No

If Yes, please describe

Bodywork?

Yes

No

If Yes, please describe

Where is the vehicle usually serviced or repaired?

05 POLICE DETAILS

Has the theft been reported to the Police?

Yes

No

(b) date

If Yes, (a) to which Police Station?

c) please attach the Complaint Acknowledgement Form

06 RECOVERY

Has the vehicle been recovered?

Yes

No

(f) have any accessories been removed?

Yes

No

If Yes,

If Yes, please give details

(a) when was it found?

(b) where was it found?

(g) Have you any suspicions who the offender was?

Yes

No

If Yes, please give details

(c) who found it?

(d) where is it now?

(h) Have you any other information relevant to this claim?

Yes

No

If Yes, please give details

(e) is it damaged?

Yes

No

If Yes, please give details

07 DIRECT CREDIT AUTHORITY

If you would like any payment due to be paid direct to a bank account, please provide account details:

Name of Account

BANK

BRANCH

ACCOUNT NUMBER

SUFFIX

08 DECLARATION

I/We:

• declare all information provided is complete and correct and there is no further information relevant to this claim;

• where I have provided personal information about any other person, I confirm that I have their authority to disclose such information to Classic Cover and NZI to collect, hold, use and disclose in accordance with their respective privacy policies;

• authorise Classic Cover and/or the insurer to disclose to, and obtain from, other parties including the Insurance Claims Register Ltd, the NZ Police, insurance assessors, other insurers and advisers information about this claim, previous claims made by me/us and/or any insurance held by me/us for the purpose of evaluating and processing this claim;

• agree to provide any further information or assistance as and when required by Classic Cover and/or our insurer.

Policyholder's signature (If company, state capacity)

Date

OFFICE USE ONLY

INSURANCE COMPANY	CLIENT NO IF KNOWN	CLASSIC COVER CLAIM REFERENCE NO
POLICY NO	EXCESS	DUE DATE