

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 1993

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. Individuals have the right to request access to and correction of their personal information.

01 POLICY HOLDER

Surname of Insured or name of company

First name(s) of Insured

Address

Home telephone

Business telephone

Mobile telephone

Email address

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

Is there any other insurance on the vehicle or accessories?

☐ Y ☐ N

INSURED VEHICLE

Make

Model

Year

Registration number

Has the vehicle been modified in any way?

☐ Y ☐ N

02 PERSON IN CHARGE OF INSURED VEHICLE

Has the driver had any other accident, loss or claim in connection with any motor vehicle during the past five years? ☐ Y ☐ N

Has the driver even been charged or convicted for any criminal or motoring offence or received any traffic infringement notice? ☐ Y ☐ N

If 'Yes', please give all details below.

03 DATE AND PLACE OF THEFT

Please describe what has happened:

Day of week

From what address was the vehicle stolen?

Where was the vehicle parked?

☐ Garage ☐ Carport ☐ Driveway ☐ Parking Area
☐ Roadside

☐ Other (Please give details below)

When did you last see the vehicle?

Were all the doors locked and windows closed? ☐ Y ☐ N

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

When did you discover the theft had occurred?

How did you know the theft had occurred?

Was the vehicle stolen or parts only?

If parts only, please give details:

Where are all the sets of keys now?

Please turn over.

04 CONDITION OF THE VEHICLE

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

Bodywork? ☐ Y ☐ N If Yes, please describe

Mechanical? ☐ Y ☐ N If Yes, please describe

Where is the vehicle usually serviced or repaired?

05 POLICE DETAILS

Has the theft been reported to the Police? ☐ Y ☐ N

If Yes, (a) to which Police Station?

(b) date

(c) please attach the Complaint Acknowledgement Form

06 RECOVERY

Has the vehicle been recovered? ☐ Y ☐ N

If Yes,

(a) when was it found?

(b) where was it found?

(c) who found it?

(d) where is it now?

(e) is it damaged? ☐ Y ☐ N

If Yes, please give details

(f) have any accessories been removed? ☐ Y ☐ N

If Yes, please give details

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

If Yes, please give details

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

☐ Y ☐ N

If Yes, please give details

09 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

10 DECLARATION.

I/We:

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