Claim Form

Vehicle Theft



INSURANCE FRAUD IS A CRIME - PLEASE ENSURE ALL INFORMATION IS CORRECT 1. Policy/ploider(s) details Plots and many and Mr. Mrs. Mrs. Mrs. Mrs. Mrs. Mrs. Mrs.	enquiry and p	help you by: Il relevant questions in full as this can avoid the need for further possible delay in settling your claim ating page 2 of this form	Issued by		
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			lice Complaint Acknowledgement For		

5. Vehicle recovery detai	Is (Please complete this section only if your vehicle has been recovered)
Where was the vehicle located?	
Who located the vehicle?	
Date / /	Time am pm
Detail all damage to the vehicle that has occurred after the theft	
How was entry gained to vehicle?	
Has the steering lock been forced?	
Where can vehicle be inspected?	
6. General questionnaire	e (Please answer all questions)
When was your vehicle last serviced?	If vehicle is financed, what is balance owing?
Who serviced the vehicle?	
Finance Company (or other interested parties)	
Are you behind in your payments?	Yes No Details
Do you know who the offender was?	Yes No Details
Do you know how entry to the vehicle was gained?	Yes No Details
Is there any other insurance on the vehicle?	Yes No Details
Since owning this vehicle, have you insured it with any other insurance company?	Yes No Details
Have you ever tried to sell this vehicle?	Yes No Details
Have you had any motor vehicle accidents or losses in the past 5 years?	Yes No Details
Have you had any traffic or criminal convictions in the past 10 years?	Yes No Details
7. Direct crediting autho	rity
	re payment(s) to you, we can pay this amount direct into your bank account by direct credit. If you would like us to make etails below. You will be advised if a payment has been made following acceptance of your claim.
Do you wish to use this facility?	Yes No Name of Account
I/We authorise the payment to be m	nade into this bank account. (Please attach a deposit slip)
14 Declaration / Brivacy	Bank Branch Account Number Suffix Act 1993/Insurance Claims Register
I/We declare that to best of my/our know I/We (a) agree to give any further information (b) understand you require this personal (c) authorise the disclosure of this persor (d) authorise the obtaining by you from a authorise the obtaining by you from II about me/us that is in your view relev (f) authorise you to place details of this c (g) understand that I am/we are entitled	that may be required; information, which will be retained by you at 48 Shortland Street, Auckland before you can evaluate my/our claim; nal information regarding this claim to other parties; iny other party personal information about me/us that is in your view relevant to this claim; insurance Claims Register Limited (ICR Ltd), which holds details of claims made by me/us under policies with other insurers, personal information
Signature of the Policyholder/s) (If the	be policy is in joint names, both signatures are required)

Please return this completed claim form to: PO Box 1093, Wellington or scan and email to newclaims@ampg.co.nz, or fax toll free 0508 498 8378.

Phone toll free 0508 806 244.