## Claim Form Vehicle Theft



Please help us to help you by:  completing all relevant questions in full as this can avoid the enquiry and possible delay in settling your claim  signing and dating page 2 of this form  INSURANCE FRAUD IS A CRIME - PLEASE ENSURE ALL INFORMAT						Date Office		
1. Policyho	older(s) detai	ils						
Policy/Client number					Claim numb	er (if known)		
Full name	Mr Mrs	Miss	Ms					
Postal address					D	Pate of birth		
Telephone	Home			Business		Mo	bile	
Email	Home				Business			
Occupation					Employer			
2. Motor vehicle details								
Year of Manufacture		Make			Model		Colour	
Registration Plate No. Has the vehicle or modified in any w			Engine/Cl	nassis No.		Odometer Read	ding	(Km's)
	r engine been	Yes No	0	Warrant of Fitness No.		Expiry D	ate	
Detail all mechanical and panel damage, and modifications to vehicle that existed prior to the theft:								
3. Theft de	tails							
Date vehicle stole	n			Time st	olen between	am pm	and	am pm
Where was the vehicle parked at the time of the theft?								
Residential	address	Garage/Ca	rport	Parking Area	Road Side	Other (Spec	ify)s	
Why was the vehicle left there?								
Who parked the vehicle prior to the theft? (Please provide full details below)								
Name	Mr Mrs	Miss	Ms					
Address								
Date of birth						_		
Telephone	Home			Business		Mo	bile	
What was the owner/driver doing at the time of the theft?  Was the vehicle left fully locked								
and secure? How many sets o	of keys are there							
for the vehicle? Where were each time of theft?	set of keys at							
Where are each s	et of keys now?							
4. Police de	etails							
Have the Police b	een advised?	Yes	No	F	Police Station			
Who reported the theft?				Time			ate	
Police File number				(Please attach	Police Complaint Acknowle	edgement Form)		

5. Vehicle recovery detail	s (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	(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 author	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 tails 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	ade into this bank account. (Please attach a deposit slip)						
	Bank Branch Account Number Suffix						
	Act 1993/Insurance Claims Register						
I/We  (a) agree to give any further information to understand you require this personal in comments the disclosure of this person (d) authorise the obtaining by you from an authorise the obtaining by you from Information	Information, which will be retained by you at 48 Shortland Street, Auckland before you can evaluate my/our claim; all information regarding this claim to other parties; by other party personal information about me/us that is in your view relevant to this claim; issurance Claims Register Limited (ICR Ltd), which holds details of claims made by me/us under policies with other insurers, personal information and to this claim; aim on the database of ICR Ltd, PO Box 474, Wellington, where it will be retained and be available to other insurance companies to inspect; so have certain rights of access to and correction of the personal information held by you and ICR Ltd.  d under the terms of your policy. Failure to provide it may result in your claim being declined.						
Signature of the Policyholder(s) (If the	Date Date Date Date Date						

the Folicyholder(5) (if the policy is in Joint hames, both signatures are required)

Upon completion, please return the form to Vero Insurance, Private Bag 92120, Auckland 1142. Phone toll free 0508 806 244