

Claim Form

Vehicle Theft



Please help us to help you by:

- completing all relevant questions in full as this can avoid the need for further enquiry and possible delay in settling your claim
- signing and dating page 2 of this form

Issued by

Date

Office

INSURANCE FRAUD IS A CRIME - PLEASE ENSURE ALL INFORMATION IS CORRECT

1. Policyholder(s) details

Policy/Client number	<input type="text"/>	Claim number (if known)	<input type="text"/>
Full name	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	<input type="text"/>	
Postal address	<input type="text"/>		Date of birth <input type="text"/>
Telephone	Home <input type="text"/>	Business <input type="text"/>	Mobile <input type="text"/>
Email	Home <input type="text"/>	Business <input type="text"/>	
Occupation	<input type="text"/>		Employer <input type="text"/>

2. Motor vehicle details

Year of Manufacture	<input type="text"/>	Make	<input type="text"/>	Model	<input type="text"/>	Colour	<input type="text"/>
Registration Plate No.	<input type="text"/>	Engine/Chassis No.	<input type="text"/>		Odometer Reading	<input type="text"/> (Km's)	
Has the vehicle or engine been modified in any way?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Warrant of Fitness No.	<input type="text"/>		Expiry Date	<input type="text"/>	
Detail all mechanical and panel damage, and modifications to vehicle that existed prior to the theft:							
<input type="text"/>							

3. Theft details

Date vehicle stolen	<input type="text"/>	Time stolen between	<input type="text"/> am <input type="text"/> pm <input type="text"/>	and	<input type="text"/> am <input type="text"/> pm <input type="text"/>
Where was the vehicle parked at the time of the theft?	<input type="text"/>				
<input type="checkbox"/> Residential address	<input type="checkbox"/> Garage/Carport	<input type="checkbox"/> Parking Area	<input type="checkbox"/> Road Side	<input type="checkbox"/> Other (Specify)s	<input type="text"/>
Why was the vehicle left there?	<input type="text"/>				
Who parked the vehicle prior to the theft? (Please provide full details below)					
Name	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	<input type="text"/>			
Address	<input type="text"/>				
Date of birth	<input type="text"/>				
Telephone	Home <input type="text"/>	Business <input type="text"/>	Mobile <input type="text"/>		
What was the owner/driver doing at the time of the theft?	<input type="text"/>				
Was the vehicle left fully locked and secure?	<input type="text"/>				
How many sets of keys are there for the vehicle?	<input type="text"/>				
Where were each set of keys at time of theft?	<input type="text"/>				
Where are each set of keys now?	<input type="text"/>				

4. Police details

Have the Police been advised?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Police Station	<input type="text"/>
Who reported the theft?	<input type="text"/>	Time	<input type="text"/>
		Date	<input type="text"/>
Police File number	<input type="text"/>	(Please attach Police Complaint Acknowledgement Form)	

