

# Stolen or Burnt Vehicle Claim Form

- **WARNING:** If you supply any untrue or false information and know that it is not true shall have the right to refuse the claim.
- We recommend that you read the Claims section of your policy.
- Please answer all the questions on this form. If a question does not apply to your claim, please answer "N/A".
- You must not incur any expense (unless it is to minimise the loss), or admit fault, without our permission.
- **THE INSURED MUST COMPLETE THE DECLARATION IN PART 'R' OF THIS FORM, AND HAVE IT WITNESSED.**

**Part A:  
THE  
INSURED**

1. Name of Insured: .....

2. Postal Address: .....

3. Best contact Phone No: ..... Best time to contact: .....

4. Alternative contact: .....

**Part B:  
DETAILS OF  
DRIVER OR  
LAST PERSON  
TO USE  
VEHICLE**

1. What is Date of Birth of the driver (or last person to use the vehicle)? ..... Female  Male

2. Was this the person shown under Part A? ..... Yes  No   
If the answer is "Yes" please go straight to Part C. If the answer is "No" please answer questions 3 - 8

3. Full Name: .....

4. Postal Address: .....

5. Best contact Phone No: ..... Best time to contact: .....

6. Relationship to the Insured: Husband  Wife  Son  Daughter  Other  (give details) .....

7. Did the driver have the owner's permission to use the vehicle? Yes  No

8. Does the driver have any motor vehicle insurance? Yes  No

**Part C:  
DRIVER'S  
HISTORY**

1. In the past 5 years has the driver (or last person to use vehicle): If any answer is "Yes" please attach full details on a separate piece of paper

(a) been involved in a motor accident? ..... Yes  No

(b) been convicted of a driving offence (including speeding) or issued with an offence notice? ..... Yes  No

(c) been disqualified from driving or had their licence endorsed cancelled or suspended? ..... Yes  No

2. Has the driver (or last person to use vehicle) ever been refused vehicle insurance or had a policy cancelled or not renewed? Yes  No

**Part D:  
DRIVER'S  
LICENCE**

1. Number.....	Classes	Special Conditions
2. Type.....		
3. Date & Country of Issue.....		

**Part E:  
INSURED  
VEHICLE**

1. Make.....	13. Engine Type: Carburettor <input type="checkbox"/> Fuel Injected <input type="checkbox"/> Turbo Charged <input type="checkbox"/>
2. Model.....	14. Transmission: Manual <input type="checkbox"/> Automatic <input type="checkbox"/> 4WD <input type="checkbox"/>
3. Badge (GL GLX etc).....	15. Number of speeds: 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
4. Number of Doors.....	16. Power steering: Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Year.....	17. Fuel: Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> CNG <input type="checkbox"/> LPG <input type="checkbox"/>
6. Milage.....	18. Air Conditioning: Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Registration Number.....	19. Electric windows: Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Vin Number.....	20. Number of previous owners.....
9. Chassis.....	21. Roof: Standard <input type="checkbox"/> Convertible <input type="checkbox"/> Cabriolet <input type="checkbox"/> Sunroof <input type="checkbox"/>
10. Engine Number.....	22. Japanese 2nd Hand Import: Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Colour.....	23. Has the vehicle been modified from the manufacturer's standard design or specification: Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Engine Rating.....	24. Was the vehicle a Kitset or Replica? Yes <input type="checkbox"/> No <input type="checkbox"/>
13. What do you think the vehicle was worth at the time of Loss? \$ .....	

If "Yes" to questions 23 or 24, please give details.....

.....

.....

.....

**Part F:  
OWNERSHIP  
AND  
FINANCE**

1. Who is the Registered Owner on the Vehicle Ownership Papers?  
.....

2. Is the vehicle subject to any Hire Purchase or any other finance arrangements? Yes  No   
If "Yes" please give full details (include the contact address of any finance company etc).  
.....

3. Who has the ownership papers? .....

4. When did you buy the vehicle? .....

5. Who did you buy it from? .....

6. How much did you pay for it? \$..... How much was your deposit? \$.....

**Part G:  
HOW THE  
LOSS  
HAPPENED**

1. When did the loss happen? Day..... Date..... Time..... AM  PM

2. Where did it happen? (show street and town) .....

3. Who was the last person to use your vehicle?.....

4. What did they use it for?.....

5. Did the last person to use the vehicle consume or use any alcoholic liquor, drug or intoxicating substance in the 12 hours before they left it? Yes  No   
If "Yes", What?..... How Much?..... When?.....

6. Please show whether these applied to your vehicle when it was left by the last person to use it:  
a) all windows wound up? e) keys elsewhere in the vehicle?  
b) all doors locked? f) steering lock fitted?  
c) boot or hatch locked? g) alarm operating?  
d) keys left in the ignition? h) immobiliser operating?

7. Please describe what happened to your vehicle .....

.....

8. Please draw a diagram of the place where it happened (show buildings, driveways, roads etc.):  
.....

**Part H:  
POLICE  
REPORT**

1. Has this loss been reported to the police? Yes  No  If "No", it must be reported to the police and question 2 answered

2. Is a Police Complaint Acknowledgement attached? Yes  No  If "No", please complete the details below  
Reported by..... to (Station Name).....  
on..... Complaint Ref.No..... Name of Attending Officer.....

**Part I:  
USE AND  
GENERAL  
CONDITION**

1. What was the vehicle mainly used for? Private  Business

2. Was the vehicle already damaged before the loss or theft happened? Yes  No   
If "Yes", please give details of existing damage .....

3. Please give a brief description of the condition of each of these (eg good, average for age, poor etc)  
Engine..... Paintwork.....  
Gearbox..... Seats.....  
Transmission..... Suspension.....  
Door Trims/Handles..... Steering.....  
Body Areas.....

4. Has the radiator/cooling system been repaired or replaced recently? Yes  No  If "Yes", please give details  
.....

5. Has the exhaust system been repaired or replaced recently? Yes  No  If "Yes", please give details  
 .....  
 6. Was there rust on any part of the vehicle? Yes  No  If "Yes", please give details  
 .....  
 7. Did you regularly carry pets in your vehicle? Yes  No   
 If "Yes", what type of animal? ..... How often? Every Day  Every Week  Every Month

**Part J:  
WHEELS  
AND TYRES**

1. Tyres: Please give details for each tyre:

	Date Purchased	New or Used	Approximate Km Travelled
Front Left	.....	.....	.....
Front Right	.....	.....	.....
Rear Left	.....	.....	.....
Rear Right	.....	.....	.....
Spare	.....	.....	.....

2. What type of wheels did the vehicle have? Manufacturers standard  Mag Wheels  Other   
 If "Other" please give details .....

**Part K:  
VEHICLE  
INTERIOR**

1. What type of interior trim did the vehicle have? Vinyl  Cloth  Wool  Leather   
 2. What colour was the interior trim? .....  
 3. How many seatbelts were in your vehicle? .....  
 4. Did your vehicle have any identifying features? (eg: stickers/badges/signwriting) Yes  No  If "Yes", please give details  
 .....  
 5. What colour were the fitted carpets in your vehicle? .....  
 6. What condition was the dashboard? (any cracks?) .....  
 7. Did you have additional floor mats in the vehicle? Yes  No   
 If "Yes", what type? Rubber  Carpet  Other.....

**Part L:  
VEHICLE  
CONTENTS**

1. What items were in the  
 Glove compartment.....  
 Side Door Pockets.....  
 Boot/Hatch.....  
 2. Did you have any other contents in your vehicle at the time of the loss? Yes  No  If "Yes", please give details  
 .....

**Part M:  
KEYS**

1. Do you have the keys for your vehicle? Yes  No  If "Yes", please give the serial numbers below  
 Door..... Ignition..... Boot/Hatch..... Fuel Cap.....  
 If "No", where are they? .....  
 2. Did anyone else have keys to the vehicle? Yes  No  If "Yes", please give their details (name, address, contact phone)  
 .....  
 3. Did anyone else regularly use the vehicle, but not have a set of keys? Yes  No   
 If "Yes", please give their details (name, address, contact phone)  
 .....

**Part N:  
OTHER  
EQUIPMENT**

Please tick any of these which were fitted to your vehicle, and give details (make, model, age, value etc):  
 Engine Immobiliser/ Car Alarm  .....  
 Phone  .....  
 Radar Detector  .....  
 Roof Rack or Carrier  .....  
 Child Safety Seat  .....

**Part O:  
RADIO/  
STEREO**

1. Did your vehicle have a Radio, Stereo or CD System? Yes  No  **If "Yes", please answer questions 2 - 4 below.**

2. How was it fitted? Factory fitted by the manufacturer  Installed by you since you purchased the car   
Not manufacturer fitted, but in the car when you purchased it

3. If not factory fitted, do you have receipts or guarantee documents? Yes  No

4. What Make & Model was it? .....

5. Please list all components with serial numbers if you have them.....  
.....  
.....

**Part P:  
SERVICE  
HISTORY**

1. Who did the last service on the vehicle? ..... Date:...../...../.....

2. Where was your vehicle usually serviced? .....

3. Do you have copies of your servicing invoices/accounts? Yes  No

4. Did the vehicle have a current Warrant of Fitness? Yes  No   
**If "Yes", where was the WOF obtained?..... When does the WOF expire?.....**

5. Did your vehicle need extra oil between services? Yes  No   
**If "Yes", how much? every 1000 Km..... each month..... each petrol fill.....**

6. Did your vehicle run well? Yes  No  **If "No", please give details of any problems.....**  
.....

**Part Q:  
OTHER  
DETAILS**

1. Is there any other information which would help us with your claim? Yes  No  **If "Yes", please give details**  
.....

2. Please tick any of the following documents you can give us, and supply them with this form:  
Ownership Papers  Vehicle Inspection Certificate  Service Manual  Receipts for Servicing  Owners Manual  
Other  please give details.....

**Part R:  
DECLARATION  
AND  
SIGNATURE  
Please read  
and sign**

- This is a statutory declaration under the Oaths and Declarations Act 1957. It is a criminal offence to sign this declaration knowing that any of the statements under 1 below are not true.
- The person who signs this declaration signs it on behalf of all insureds.
- It must be witnessed by one of the people listed (e.g. solicitor).

I ..... (full name)  
of ..... (address)  
..... (occupation)

**1. Solemnly and sincerely declare on behalf of all insureds that:**  
(a) all information given (whether oral or written) to ..... in connection with this claim is true and correct;  
(b) no information relevant to the claim is omitted; and

**2. Agree that:**  
(a) my personal information collected by I in connection with this claim may be disclosed to:  
(i) other members of the insurance industry and Insurance Claims Register Ltd;  
(ii) parties repairing or replacing the subject matter of the claim;  
(iii) parties who have a financial interest in the subject matter of the policy;  
(b) my personal information held by any other parties in connection with this claim may be disclosed to

**AND I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.**  
**DECLARED** at .....  
this..... day of..... year.....  **Signed on behalf of all Insureds**

before me .....

Justice of the Peace / Solicitor / Registrar or Deputy Registrar of High or District Court / a person authorised by Sect.9 Oaths and Declarations Act 1957.

**Please note:**

- We gather information about you (including your claims history) to consider your claim. The terms of your insurance policy require you to supply this information, and if you refuse to provide it, we may decline your claim.
- This information is held by us and you may access it. It may be passed onto other insurers you deal with, repairers and mortgagees etc.
- Your claims history is passed onto, and held by Insurance Claims Register Ltd. This enables other insurers you deal with to access it, and prevents fraudulent claims.