Stolen or Burnt Vehicle claim form



- 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 DRIVER OF THE VEHICLE (OR THE PERSON WHO WAS IN CHARGE) MUST SIGN 'PART L' OF THIS FORM.

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DETAILS OF DRIVER OR PERSON IN CHARGE				
Full name of driver/person in charge of the vehicle before the theft			Relationship to the Insured:	
			Spouse Son Daughter	Other – specify
Postal address				
			Did the last person to use the vehicle have the owner's permission?	ΥΟΝ
			owner's permission?	Y N
Preferred contact number				
Best time to contact				
DRIVER'S HISTORY FOR PERSON IN CHARGE OF T	HE VEHICI	F		
Has the driver ever been refused vehicle insurance			(c) been disqualified from driving or had license	
or had a policy cancelled or not renewed?	Y	N	endorsed, cancelled or suspended?	Y N
In the past five years has the driver:			If you answered "yes", to any of the questions abo	ve, please provide
(a) been involved in a motor accident?	Y	N	details below:	
(b) been convicted of a driving offence or issued with an offence or infringement notice				
(including speeding)?	Y	N		
THE INSURED VEHICLE				
Does the vehicle have an alarm / immobiliser?	Y	N	Was there any existing damage to the vehicle?	Y N
If "yes", please provide details below:			If "yes", please provide details:	
			Were there any existing mechanical issues	○ Y ○ N
(a) Was the device factory standard?	Y	N	If "yes", please provide details:	
(b) Was the device active at the time of theft?	Y	N		
Did your vehicle have any identifying features? (eg: stickers, badges, sign writing)	Ογ	N		
If "yes", please provide details below:	r	IN	Is there any other insurance on this vehicle	
in yes, picase provide details below.			or accessories?	ΟΥΟΝ
			If "yes", please provide details:	
What type of wheels did the vehicle have?				
Manufacturer's Standard Mag Wheels	5	Other	Have you been trying to sell the vehicle?	ΟΥΟΝ
If "other", please provide details:			If "yes", please provide details:	
OWNERSHIP AND FINANCE				
Who is the registered owner?				

When did you buy the vehicle?

2

3

Who did you buy the vehicle from?

4 HOW THE LOSS HAPPENED

	Who parked the vehicle?	How was entry gained?	
	When was the vehicle parked? Date Time AM / PM	Are there signs of forced entry or tampering the ignition? (Broken glass on the ground where the car was stolen or evidence left at the scene etc)	Y N
	Was the vehicle securely locked? Y N If "no", please provide details:	If "yes", please provide details:	
	Please indicate whether these applied to your vehicle when it was	How did you find out the vehicle was stolen?	
	left by the last person to use it: all windows wound boot or hatch locked alarm operating What was the car being used for in the hours leading up to the theft?	Were any other vehicles in the same area bro or stolen? If "yes", please provide details:	ken into Y N
	Who discovered the theft?		
5	KEYS		
	Do you have the keys for your vehicle? Y N If "no", where are they?	Did anyone else regularly use the vehicle, but have a set of keys? If "yes", please give their details (name, addre	• Y • N
	How many sets of keys are there for the vehicle?		
	Where were the keys at the time of the theft?	Please show whether these applied to your v the last person to use it: (a) keys left in the ignition	Y N
	Where are the keys now?	(b) keys elsewhere in the vehicle If "yes", to (a) or (b) please provide details:	Y N
	Did anyone else have keys to the vehicle? Y N If "yes", please give their details (name, address, contact phone)		
6	POLICE REPORT		
0	Has this loss been reported to the Police? Y N If "yes", when was the theft reported to the Police?	Complaint Ref. No.	
		Name of Attending Officer	
	IF "NO", IT MUST BE REPORTED TO THE POLICE. Is a Police Complaint Acknowledgement attached? Y N If "no", please provide the details below: Reported by	Do you know who the offender is or do you suspect someone? If "yes", please provide details::	Y N
	to (Station Name)		
	OTHER EQUIPMENT Please indicate if any of these were fitted to your vehicle at the time of theft and provide details (make, model, age, serial numbers etc): Radar detector, details	Stereo / MP3 / CD system, details	
		If you have a Stereo how was it fitted?	
	 Roof rack or carrier, details 	factory fitted by the manufacturer installed by you since you purchased the	car
		 not manufacturer fitted, but in the car w Has the stereo or any of the items listed above 	
	Child safety seat, details	specified on your policy?	Y N

RECOVERED VEHICLES ONLY COMPLETE PART H IF THE VEHICLE HAS BEEN RECOVERED	Was the vehicle involved in an accident while missing?
What date was the vehicle recovered?	If "yes", please provide details
How long was the vehicle missing?	
How was entry gained?	Is the car still drivable?
Please indicate the condition of the vehicle when it was recovered? no apparent damage damaged vandalised burnt out flooded stripped stripped and burnt out stripped and flooded	Where is the vehicle located at present? How did the vehicle get to its current location?
Is the ignition damaged? Y N If "yes", please provide details	
OTHER DETAILS Is there any other information which would help us with your claim? If "yes", please provide details	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)

10 DECLARATION

I/We

- 1. Declare that to the best of my/our knowledge the information provided in support of the claim is correct and complete in all ways and there is no further information relevant to the claim. Please Note: The collection of this information is required under the terms of your policy in order for the claim to be evaluated. Failure to provide complete and correct information may result in the claim being declined.
- 2. Agree to provide any further information that may be required;
- 3. Authorise the disclosure and obtaining, of my/our personal information in respect of this claim, to and from parties including Insurers, intermediaries and other members of the Insurance Industry, the insurance Claims Register PO Box 474, Wellington, where information is retained and made available to other insurers and other parties relevant to your claim including those with a financial or commercial interest in, and/or involved in the repairing or replacing of, the subject matter of the claim.
- 4. Understand I/we have certain rights of access to and correction of my/our personal information pursuant to the Privacy Act 1993; and
- 5. All information collected will be held by Target Insurance, 188 Quay Street, Auckland and/or the Insurer.

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 do not to provide it, or if you provide any false or untrue information, we may decline your claim.
- Your claims history is passed onto, and held by, Insurance Claims Register Limited. This enables other insurers you deal with to access it, and prevents fraudulent claims.

SIGNED BY THE DRIVER	Date	SIGNED ON BEHALF OF ALL INSUREDS	Date