

Claim Number: _____

STOLEN VEHICLE QUESTIONNAIRE

To enable us to promptly consider your claim, please complete and return this form immediately.

NB: Please answer all questions. Write N/A or Nil if necessary. Use extra pages if necessary. Tick, circle or delete where applicable. Sign each page, two signatures if jointly owned.

Please make the Statutory Declaration on the final page.

1. Owners full name: _____
Address: _____
Contact telephone number/s: Bus: _____ Pvt: _____ Mob: _____
2. Usual driver's full name: _____
Address: _____
Contact telephone number/s: _____
3. Insured in the name of: _____
4. Type (i.e. motor car/station wagon/utility, etc): _____
5. Registration number: _____ Year: _____
6. Make: _____ Model: _____
7. H.P. or CC rating: _____ Kms: _____
8. Transmission: manual (3 speed/4 speed/5 speed/overdrive) automatic: _____
9. VIN No. (chassis, frame): _____
10. Engine number: _____
11. Verified from: _____
(NB: Certificate of Reg. It is important to be accurate when quoting these numbers.)
12. Power steering: Yes/No
13. Air conditioning: Yes/No
14. CNG: Yes/No LPG: Yes/No
15. Colour when stolen (detailed): _____
16. Colour changes made by present owner: _____

SIGNED: _____ **DATED:** ____/____/____

17. Details of previous damage and repairs (where on vehicle, who repaired, when):

18. Damage existing at time stolen: _____

19. Tyre tread (ie good/average/worn): RH/F: _____ RH/R: _____

LH/F: _____ LH/R: _____ Spare: _____

20. Wheel assemblies (ie colour/identifying features/mags/standard?): _____

21. Radio/stereo unit make and model: _____

Where fitted in vehicle: _____ How fitted: _____

Speaker location - make/type: _____

22. Interior trim; colour/material/type (include seats/door panels and dashboard):

23. Seat belts; type/make/condition: _____

24. Other vehicle accessories; stickers, badges, additional items, inside or outside, age, make condition and serial numbers (where applicable):

Item: _____ Age: _____

Item: _____ Age: _____

Item: _____ Age: _____

Item: _____ Age: _____

Item: _____ Age: _____

SIGNED: _____ **DATED:** ____/____/____

25. Floor mats/carpets; make/type/colour: _____

26. Contents of glove compartments/trays/door pockets: _____

27. Description of other property in vehicle (how identifiable):

Item: _____ Age: _____

Item: _____ Age: _____

Item: _____ Age: _____

Item: _____ Age: _____

28. The vehicle was last serviced by: _____
Date of service: _____

29. The vehicle is usually serviced by: _____

30. Copies of previous repair/service accounts:

a) Are attached. b) Cannot be supplied. c) Other: _____

31. The Warrant/Certificate of Fitness was obtained from:

_____ Date : / /

32. The C.O.F./W.O.F. expires on: _____

33. The condition of the following (i.e. good, fair, poor):

a) Engine : _____

b) Gearbox : _____

c) Transmission/Differential : _____

d) Suspension : _____

e) Steering : _____

f) Body (rust? Poor repairs?) : _____

g) Paintwork (faded/patchy) : _____

SIGNED: _____ **DATED:** / /

- h) Seats : _____
 - i) Door/trim/pulls : _____
 - j) Dash top (cracked?) : _____
34. Did the engine use oil? Yes/No
35. If yes, how much? i. Per 1000 km: _____ ii. Per month: _____
iii. Per petrol fill: _____
36. Did the vehicle run well: Yes/No Details: _____
37. How many sets of keys were there for the vehicle? _____

38. Where held and by whom at time of theft (name, address, telephone number/s):

39. Where are all vehicle keys now? (Please produce them if required):

40. Date of Loss:
If stolen, when was the vehicle last seen: _____
When loss discovered: _____
41. The vehicle was stolen from: _____
42. The last person to use the vehicle was: _____
43. Were the windows wound up: Yes/No
44. If not, why not: _____
45. Were the doors locked: Yes/No
46. If not, why not: _____

SIGNED: _____ **DATED:** / /

47. Does the vehicle have a steering lock: Yes/No
48. If yes, was it activated: Yes/No
49. Does the vehicle have an alarm system? Yes/No
Was it set at time of theft? Yes/No
If not, why not? _____
50. Was the boot/tailgate/luggage compartment locked: Yes/No
51. If no, why not: _____
52. Has this vehicle ever been offered for sale by or on behalf of any person insured by this policy?: Yes/No
53. If yes, when? _____ What was the first asking price: \$ _____
Last asking price: \$ _____
54. For how long was the vehicle for sale?: _____

55. Please provide the name, address and any contact telephone number/s of any party who expressed significant interest in purchasing the vehicle.

56. Vehicle mainly used for: _____
57. Please give a summary of your movements and activities in the 12 hours prior to the vehicle loss: _____

58. Is the vehicle subject to any hire purchase or any other finance arrangements: Yes/No
59. If yes, to whom: _____
Postal address: _____
Telephone Number/s: _____
Contract/policy number: _____
Repayments: \$ _____ (weekly/fortnightly/monthly)

SIGNED: _____ **DATED:** / /

60. Date of purchase: ____/____/____

61. Purchased from: _____

62. Purchase price: \$ _____

63. I consider current value to be: \$ _____

64. Who is vehicle registered to? :

Name: _____

Address: _____ Phone: _____

65. Are there any other parties with a financial interest in the vehicle? Yes/No

66. If yes, name, address and telephone number/s: _____

67. Other relevant information (please advise of anything that may be relevant to this enquiry):

I/We declare that the above information is accurate and the descriptions are a correct record of the vehicle at the time of the loss.

I/We make this solemn declaration conscientiously believing the same to be true by virtue of the provisions of the Oaths and Declarations Act 1957.

I/We understand any incorrect information I/we provide may invalidate the claim.

Declared at: _____ this _____ day of _____ 2004.

SIGNED by the said: _____

IN THE PRESENCE OF: _____

BEFORE ME: _____

(Solicitor, Justice of the Peace,
or other person authorised to take
a Statutory Declaration).