

MOTOR VEHICLE THEFT CLAIM FORM

This form must be completed in full. If a question does not apply, please write "N/A".

1. THE INSURED

Full name of insured	<input type="text"/>	Policy number	<input type="text"/>
Private address	<input type="text"/>	Claim number	<input type="text"/>
Business address	<input type="text"/>	Telephone number	(0) <input type="text"/>
Occupation	<input type="text"/>	Business Telephone	(0) <input type="text"/>

2. DRIVING HISTORY

(a) State full details of all previous traffic and criminal offences, showing the date and result of any court action for each offence (excluding parking offences)	Date	Traffic Offence and criminal convictions	Court Action
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
(b) State full details of all previous motoring incidents, showing the date, circumstances and insurers on each occasion	Date	Circumstances	Insurers
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. PARTICULARS OF THE THEFT

- Name of person in control of the vehicle at the time of the theft Age
- What was stolen? The vehicle Yes No Accessories from the vehicle Yes No
- From what address was the vehicle (or accessories) stolen?
- Where was the vehicle parked? (a) garage/carport (b) driveway (c) parking area (d) roadside
(e) other (specify)
- When did you last see the vehicle prior to the theft? Time am pm
Day Date / /
- Was the vehicle left fully locked and secure?
- Where were the keys to the vehicle when the theft occurred?
- When did you know the theft had occurred? Time am pm
Day Date / /

3. PARTICULARS OF THE THEFT – CONTINUED

9. Was the theft reported to the police?

Yes No

If "Yes", (a) to which Police Station?

(b) by whom?

(c) when?

(d) what is the Police File Number?

PLEASE PROVIDE A COPY OF THE POLICE ACKNOWLEDGEMENT FORM

10. Where are all sets of keys now?

11. Is there any other insurance on the vehicle or accessories?

12. Have you any indication who the offender was?

Yes No

If "Yes", Name

Address

4. VEHICLE RECOVERY

Has the vehicle (or accessories) been recovered?

Yes No

If "Yes", (a) when found?

Time am pm

Day Date / /

(b) where?

(c) by whom?

5a. DETAILS OF THE VEHICLE

Make of Vehicle	G Model e.g. GLX / LTD / GHIA	Type e.g. Sedan / Hatch	Registration Number	Year of Manufacture
Chassis Number	Engine Number	Auto or Manual 3, 4, 5, 6 Speed	Number of Doors 2, 3, 4, 5	C. C. Rating
VIN Number	Power Steering	Air Conditioning	NZ Assembled Ex Overseas / Ex Rental	Interior Trim Vinyl / Velour / Leather
Stereo System Purchase Date / /	CD Player Purchase Date / /	Tyres % Purchase Date / /	Roadwheels Factory / AfterMarket Alloys / Steel	Spoilers Factory / AfterMarket
W.O.F. – Issued by Expires / /	Last Service / / Performed by	Odometer at Time of Theft	Odometer at Recovery	Registration 6 month / 12 month Expires / /
Number of owners (exclude Dealers)	Date of Purchase / / & Price \$	Purchased from	Colour / Two Tone	Decals / Graphics
MODIFICATIONS SINCE MANUFACTURE				

5b. ACCESSORIES OR EXTRAS

If vehicle unrecovered please list full details of all accessories / extras fitted
If vehicle recovered, only list the missing items

Detailed description of accessories or extras stolen or damaged Include make and model (attach purchase receipts)	Age of item	Present Purchase Price	Deduction for age, use, wear & tear & salvage	Amount Claimed
			EXCESS	
TOTAL AMOUNT CLAIMED				

5c. CONDITION OF THE VEHICLE

What was the condition of the vehicle overall?

Condition of paintwork (blemishes, stonechips, etc.)?

Condition of interior trim?

Condition of engine and transmission?

Condition of body parts (dents or rust, any previous damage)?

6. OWNERSHIP

Is the Vehicle in any way under Mortgage, Bill of Sale or Hire Purchase Agreement?

Yes No

If "Yes", give particulars?

In whose name is the Vehicle registered?

7. DAMAGE TO INSURED VEHICLE (IF VEHICLE RECOVERED)

What damage did the Insured Vehicle sustain?

Was the Vehicle towed from the scene?

Yes No

If "Yes", by whom?

Where do you propose to take the Vehicle for repairs?

When

 / /

Have you obtained an estimate for repairs?

Yes No

If "Yes", state amount

\$

No repairs to be commenced until the damage has been inspected and the estimated loss has been approved by the Company or its Assessor.

8. ANY FURTHER RELEVANT INFORMATION

9. OTHER INSURANCE

Do you have any other insurances under which a claim could be made?

Yes No

If "Yes", please provide details of name of Insurer, Policy Number and Type of Policy

Insurer Policy Number Type of Policy

Have you ever submitted a similar claim to any Insurer other than QBE?

Yes No

If "Yes", please give date(s), amount(s), name of Insurance Company(s)

Insurance Company(s)

Date(s) Amount(s) \$

DECLARATION

I/We declare that:

- (a) The information and answers given above are correct to the best of our/my knowledge and belief. I/We have not withheld any information likely to affect QBE's consideration of the claim;
- (b) I/We understand that QBE requires this information (which will be retained by QBE) to evaluate the claim. I/We understand that the Privacy Act 1993 entitles me/us to have access to and request the correction of the information;
- (c) QBE is authorised to disclose information contained herein to QBE's advisors, reinsurers and to other insurers. I/We authorise QBE to obtain, from any other party, information that is, in QBE's view relevant to this claim.

Signature(s) of Insured

Date / /