



Claim / Customer Ref:

Office

This form must be returned directly to us immediately with all questions answered.

NOTE: All vehicle theft claims have a stand-down period of 10 working days.

1.0 Insured's details

CONTACT DETAILS

Surname

First name(s)

Date of birth

Phone ()

Mobile ()

Email

Preferred contact method Email Phone Mobile

ADDRESS DETAILS (POSTAL)

Street number

Street name

Suburb

Town / City

Is the registered owner the policyholder? Yes No

If NO, then enter the owners full name

If YES, then no need to enter owners details as they are already captured

2.0 Insured vehicle details

VEHICLE IDENTIFICATION

Year Reg no.

Make Model

CC Rating

Approximate Odometer Reading

Transmission Manual Automatic

Engine No. or Type

Colour
Detailed

MODIFICATIONS AND ACCESSORIES

Has the vehicle been modified in any way Yes No

If YES, give full details

Is the vehicle certified for the modifications? Yes No
If NO, give full details

Is there any other insurance on the vehicle or accessories? Yes No
If YES, give full details

Colour changes made by present owner

Tyres
Make / Type

Wheels Colour Size

Make/Model

Radio/Stereo Make Model
Include all audio equipment

Speaker(s) Make Type/Size
Where fitted in vehicle

Interior Trim Colour

Other vehicle accessories
List below

VEHICLE CONDITION

Was the WOF current at the time? Yes No
If NO, give full details

Is there any pre-existing damage on the vehicle? Yes No
If YES, give full details

Are any Road User or Registration Charges up to date? Yes No

Have you had any repairs done to the vehicle? Yes No
If YES, please provide repair details and advise repairer's name

7.0 Police details

Have the Police been notified of the loss? Yes No
 If YES, which Police Station was the loss reported to?

On which date?

d	d	m	m	y	y	y	y
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Police File / Event Number

Name of Police Officer

Has the loss been advertised in any media? Yes No
 If YES, please provide details

(Newspaper, Internet, Etc)

Date

d	d	m	m	y	y	y	y
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Has the vehicle been recovered? Yes No
 If YES, where from? Where is the car now?

N.B. Please attach the Police Form

Has anyone been charged with an offence in relation to this event? Yes No

If YES, please provide details and Type of Charge

Other action taken to recover property

8.0 Additional documents

Please attach a copy of your motor vehicle drivers licences.

How many additional pages are attached?

I have included the following additional information:

9.0 Declaration (please read this carefully before signing)

Where any declaration is answered NO then further details will need to be provided below in the box headed "Exceptions to this Declaration".

I/We declare that:

All the statements in this claim form and any additional schedules are correct.

Yes No

The motor vehicle and/or accessories are correctly described in this form and were lost, stolen or damaged under the circumstances described overleaf.

Yes No

I/We have told Club Auto everything relevant to this claim.

Yes No

I/We understand that:

Wilful or reckless exaggeration or inflation of the amount claimed will forfeit the claim and may result in prosecution.

The personal information provided in this claim form is being collected by Club Auto or TOWER to enable them to evaluate my/our claim.

I/We have certain rights of access to and correction of the personal information provided by me/us on this claim form or in support of this claim, but if I/we do provide incorrect information, Club Auto or TOWER may be entitled to decline the claim whether or not it is later corrected.

If any of the property in this claim for which I/we have received payment is subsequently recovered I/we will notify Club Auto or TOWER immediately and return the property to Club Auto or TOWER or will refund to Club Auto or TOWER the value of the recovered items.

I/We authorise Club Auto or TOWER to obtain personal information about me/us from any other party.

I/We authorise the New Zealand Police to release to Club Auto or TOWER copies of any or all documents held by the New Zealand Police relating to the incident giving rise to this claim and authorise Club Auto or TOWER to provide information about this claim and the insured to the New Zealand Police to assist with the police investigation. I/We consent to Club Auto or TOWER making a formal request pursuant to the Official Information Act, 1982 if necessary.

9.1 MODIFICATIONS AND ACCESSORIES

Signature

Before signing please ensure that you have answered all the questions and have read and understood the "declaration" above.

Full name	Date	Signature								
Insured's name	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y	
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Person last in charge of vehicle	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y	
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d	d	m	m	y	y	y	y			



Sign here



Please send this form to: Club Auto Insurance Limited. PO Box 1575, Whangarei
 Telephone: 0800 506 506, Facsimile: 09 438 1049, Email: claims@clubauto.co.nz
 Club Auto Motor Vehicle policies are 100% underwritten by TOWER Insurance Limited.