

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 Date of Birth Private Address Drivers Licence No Business Address Pvt. Telephone No. Occupation Bus. Telephone No.
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2. DRIVING HISTORY	(a) State full details of all previous traffic offences, showing the date and result of any court action for each offence (excluding parking offences)	Date	Traffic Offence	Court Action
	(b) State full details of all previous motoring incidents, showing the date, circumstances and insurers on each occasion	Date	Circumstances	Insurers

3. PARTICULARS OF THE THEFT	1. Name of person in control of the vehicle at the time of the theft..... Age..... 2. What was stolen? The vehicle (Y/N)..... Accessories from the vehicle (Y/N)..... 3. From what address was the vehicle (or accessories) stolen? 4. Where was the vehicle parked? (a) garage / carport <input type="checkbox"/> (b) driveway <input type="checkbox"/> (c) parking area <input type="checkbox"/> (d) roadside <input type="checkbox"/> (e) Other (specify) 5. When did you last see the vehicle prior to the theft? Time am / pm Day Date..... 6. Was the vehicle left fully locked and secure? 7. Was the vehicle fitted with the following? Alarm System: Brand Activated Yes / No Club Lock: Brand In Place Yes / No SAS Wheel Clamp Fitted / Locked on which wheel 8. Where were the keys to the vehicle when the theft occurred? 9. When did you know the theft had occurred? Time am / pm Date..... 10. Was the theft reported to the police? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, (a) to which Police Station? (b) by whom?..... (c) when?..... (d) what is the Police File No.?..... PLEASE PROVIDE A COPY OF THE POLICE ACKNOWLEDGEMENT FORM 11. Where are all sets of keys now? 12. Is there any other insurance on the vehicle or accessories? 13. Have you any indication who the offender was? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, Name..... Address.....
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4. VEHICLE RECOVERY?	Has the vehicle (or accessories) been recovered? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, (a) when found? am / pm Date:..... (b) where?..... (c) by whom?
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DECLARATION

I hereby declare that the answers given above are in every respect correct and I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declaration Act 1957.

PRIVACY ACT

Pursuant to the Privacy Act 1993 the following is brought to your attention:

- (a) This claim form collects personal information about you;
- (b) The information is collected to evaluate your claim
- (c) The intended recipient of the information is National Auto Club and or its Underwriters
- (d) The information is collected and held by National Auto Club and or its Underwriters, P.O. Box 1840, Whangarei.
- (e) The collection of this information is required pursuant to your insurance policy.
- (f) The failure to provide this information may result in your claim being declined.
- (g) You have rights of access to and correction of this information, subject to the provisions of the Privacy Act 1993.

DECLARATION

I/We authorise the disclosure of personal information held by any other party regarding this claim.

I/We agree to the Company releasing to other parties information regarding this claim for the purposes of evaluating, investigating and settling this claim.

The Insurance Claims Register Ltd (ICR), PO Box 474 Wellington, holds details of claims made after 1 February 1998 under policies issued by participating insurers. Participating insurers can check details of your claims history on the ICR.

I agree that National Auto Club Underwriters (Agency) NZ Ltd as a participating insurer may give to or obtain from ICR details of information relevant to this claim.

Signature:

Declared at..... this..... day of.....

Two Thousand and.....

Before me:.....

Justice of the Peace or other person authorised to take
a Statutory Declaration

IF THE VEHICLE IS UNRECOVERED, WE REQUIRE THE KEYS, REGISTRATION PAPERS AND PHOTOS (IF AVAILABLE) BEFORE A DECISION CAN BE MADE ON THE CLAIM ACCEPTANCE
