

VEHICLE FIRE / THEFT / VANDALISM CLAIM FORM

CLAIM NUMBER

POLICY NUMBER

CLAIMS HELPLINE PHONE
0800 227 787

Fax Number (09) 363 5767

email: autosure_motor@vero.co.nz

Please answer all questions in full and attach any relevant documentation eg receipts
The information you provide must be accurate and it is essential that all statements are true and correct. If you exaggerate or inflate the amount of any loss, or provide false or misleading information you will jeopardise the acceptance of your claim.
Autosure has a policy of prosecuting any offender for fraudulent claims.
PLEASE COMPLETE THIS FORM BY EITHER FILLING IN THE SPACE PROVIDED OR TICKING OR CIRCLING THE ANSWER.

THE INSURED(S)

Mr/Mrs
Miss/Ms: _____ First Names: _____ Last Name: _____

Postal Address: _____

Home Phone: () _____ Work: () _____ Mob: _____ Email: _____

Occupation: _____ Employer: _____ Date of Birth ____ / ____ / ____ Age: _____

Are you the registered owner? Yes If No, No who is?: _____ Are you/they the sole owner? Yes If No, the co-owners No name is: _____

Contact details for registered owner and/or co-owner: _____

DRIVER OR PERSON LAST IN CHARGE OF INSURED VEHICLE

Mr/Mrs
Miss/Ms: _____ First Names: _____ Last Name: _____

Postal Address: _____

Home phone: () _____ Work: () _____ Mob: _____ Email: _____

Occupation: _____ Employer: _____ Date of Birth: ____ / ____ / ____ Age: _____

Driver's Relationship to the Insured: _____ How often does the driver use the vehicle?: _____

What was the vehicle being used for at the time of the incident?: _____

Where had you been? _____

Where were you going? _____

ADDITIONAL INFORMATION (This section relates to the insured and the driver or person in charge of the vehicle)

During the last 7 years have either you or the person who was driving or in charge of the insured vehicle:

- Had any insurance refused or declined, had a policy cancelled, a renewal not invited, or special terms or conditions imposed by an insurer? Yes No
- Made a claim under any policy of insurance? _____ Yes No
- Had a claim declined under any policy of insurance? _____ Yes No
- Had any accident, fire or any loss in connection with a motor vehicle (regardless of blame or whether an insurance claim was made)? _____ Yes No
- Had a driver's licence cancelled, suspended or endorsed? _____ Yes No
- Been charged and/or convicted of any offence in connection with a motor vehicle or received any traffic infringement notice (including red light and speed camera fines) or have any prosecutions pending? _____ Yes No
- Been charged and/or convicted of any criminal offence or have any criminal prosecution pending? _____ Yes No
- Been declared bankrupt? _____ Yes No

If you have answered Yes to any of the above, please provide full details including dates, names, penalties and insurance companies:

INCIDENT DETAILS

Date loss/damage discovered? ____ / ____ / ____ Time: _____ am / pm

Date vehicle last seen prior to incident? ____ / ____ / ____ Time: _____ am / pm

Location where damage / theft occurred? _____

Where was vehicle parked? (carport, roadside, garage) _____

Was your vehicle fully locked and secured, including windows fully wound up? _____ Yes No

How many sets of keys were there for the vehicle? _____

Where was each set of keys when the incident occurred? _____

Where are the keys now? _____

Does the vehicle have an alarm system? _____ Yes No

If yes, was this activated? _____ Yes No

THE VEHICLE (Please note or circle answer)

Year: ____ Make: ____ Model (GLX / LTD / Ghia): ____ Type (sedan / hatch): ____ Registration No: ____

Engine Number: ____ Chassis Number: ____ VIN Number: ____ CC Rating: ____

Auto / Manual 3, 4, 5, 6 speed	Power Steering <input type="checkbox"/> Yes <input type="checkbox"/> No	Air Conditioning <input type="checkbox"/> Yes <input type="checkbox"/> No	NZ Assembled Ex Overseas Ex Rental	Interior Trim: Vinyl Velour Leather Other: _____
Stereo System Type: Date Purchased ____ / ____ / ____	CD Player Type: Date Purchased ____ / ____ / ____	Tyres: Date Purchased ____ / ____ / ____	Wheels Rims : Factory After Market Alloys Steel Other: _____	Registration: 6 mth 12 mth Expiry ____ / ____ / ____
Colour/Two Tone:	Decals / Graphics	Spoilers: <input type="checkbox"/> Yes <input type="checkbox"/> No Factory After Market	Odometer at time of recovery: _____	Diesels Road User Charges up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No

WOF Issued By: _____ Date: ____ / ____ / ____ Last Service by: _____ Date: ____ / ____ / ____

Date of Purchase: ____ / ____ / ____ Price: \$ _____ Purchased from: _____

Detail any modifications since manufacture: _____

What was the overall condition of the vehicle? _____

Condition of paintwork? (blemishes, stonechips etc) : _____

Condition of interior trim? _____

Condition of engine and transmission? _____

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

Has the vehicle been advertised For Sale? _____ Yes No

If Yes, please provide details: _____

Is the vehicle subject to any hire, lease or finance agreement including hire purchase? _____ Yes No

If Yes, please provide details including the name of the Finance Company, the frequency and amount of each payment and the amount still owing: _____

Are all the payments up to date? _____ Yes No

POLICE DETAILS

Has the incident been reported to the Police? Yes No

If so, please advise the following and attach a copy of the Complaint Acknowledgement Form:

Date Reported: ___ / ___ / ___ Police Station reported to: _____ Police File No: _____

Police Officer reported to: _____ Reported by (name): _____

VEHICLE/PARTS RECOVERY DETAILS (IF STOLEN)

Has the vehicle/parts been recovered? ___ Yes No If Yes, please detail what: _____

If yes, please advise the following: Date vehicle/parts discovered? ___ / ___ / ___ Time: _____ am / pm

Found By: _____

Where found? _____

Where are the recovered vehicle/parts now? _____

Any suspicion of offender? _____ Yes No

If yes, who? _____

Advise any details of damage and/or of any accessories removed: _____

Is there any other information we should know? _____

DECLARATION / PRIVACY ACT 1993 / INSURANCE CLAIMS REGISTER (Please read the following section carefully)

IMPORTANT:

Any inaccurate, incomplete or untruthful information may jeopardise your claim and/or your Policy and we may reduce a benefit or provide no benefit at all. Please tell us everything that you know that is relevant to this claim.

Where a claim is made against a Policy, it may affect your next year's renewal for example by variation of the premium and/or excess or the policy may not be renewed at all.

PRIVACY ACT 1993

This claim form collects personal information in order to evaluate your claim. The information collected will be held by Autosure New Zealand ("Autosure"), 61 Hurstmere Road, Takapuna, Auckland and by Vero Insurance New Zealand Limited ("Vero"), 48 Shortland Street, Auckland. Failure to provide any personal information requested may result in your claim being declined.

Details of this claim may be placed on the database of the Insurance Claim Register Limited ("ICR Ltd"), PO Box 474, Wellington, where it will be retained and be available to other insurance companies to inspect.

Individuals have a right to request access to and correction of their personal information subject to the Privacy Act 1993

DECLARATION AND AUTHORISATION

I/We declare that subject to any rights I/we have under the Criminal Records (Clean Slate) Act 2004, the information given in support of this claim is complete and correct in every detail and that I/we have disclosed all relevant information. I/We agree to give any further information that may be required

I/We agree that Autosure and/or Vero will deal with all claims arising from this accident on my/our behalf. I/We acknowledge that Autosure and Vero have full discretion in conducting the defence or settlement of any claim and in prosecuting in my/our name any claim for indemnity or damages.

I/We authorise Autosure and Vero to give and obtain from other Insurance Companies, Insurance Brokers, the ICR Ltd or any other party any information about or relevant to this claim and/or policy.

I/We authorise any party, which holds information about me/us to disclose to Autosure or Vero any information required by them to assist in the evaluation of this claim.

Person in Charge of Vehicle: Signature Date: ___ / ___ / ___

Insured's Signature Date: ___ / ___ / ___

Insured's Signature Date: ___ / ___ / ___

(NOTE: IF THE POLICY IS IN JOINT NAMES, BOTH INSURED PARTIES ARE REQUIRED TO SIGN THIS FORM)