

## 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"), 12 - 14 Northcroft St, Takapuna 0622, 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)