

Motor Vehicle - Fire & Theft Claim Form



It is essential that this form be returned directly to Ansvar Insurance, with all questions answered, at the earliest opportunity. Please print your answers and where appropriate. If insufficient room, please attach separate sheet.

Office use only Claim number

1. Policyholder details

Name/Business name	Policy number		
<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Address	Postcode		
<input type="text"/>	<input type="text"/>		
Telephone: Home	Telephone: Work	Telephone: Mobile	Fax number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	Occupation		
<input type="text"/>	<input type="text"/>		

2. Insured Vehicle

Registration number	Year of manufacture	Make	Model
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Body type (e.g. Sedan)	Odometer reading	Expiry date of registration	
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	

Has the vehicle been modified or fitted with accessories or optional extras other than those supplied at the maker's option?
 Yes No *If yes, describe the modifications/accessories*

Was there any unrepaired damage to the vehicle before the incident? Yes No *If yes, please provide details*

When was the vehicle purchased? / / Amount paid \$ Is the vehicle under finance? Yes No

Name of finance company Amount outstanding \$

For what purpose was the vehicle being used at the time of the incident? (e.g. private use only, carrying goods in connection with business etc)

Was any other insurance in force on the vehicle at the time of the incident?
 Yes No *If yes, state the name of the insurance company*

3. Person in charge of vehicle at time of loss

Name	Date of birth	
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Address	Telephone number	
<input type="text"/>	<input type="text"/>	
Licence number of driver. Please include photocopy of drivers licence	Date issued	Expiry date
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
How long has driver been licenced in New Zealand? Years <input type="text"/>	Date first licence obtained	<input type="text"/> / <input type="text"/> / <input type="text"/>

If driver is not Policyholder, driver's percentage of this vehicle's usage % Had driver consumed any medication, drugs or alcohol that day? Yes No

Relationship to the owner, are you: a. the owner b. an employee c. a relation or friend of owner

Has the driver or insured ever made a claim in respect to a motor vehicle? Give dates and details and name of Insurer involved

Has the driver or insured in the past 5 years been convicted of an offence (other than parking) in connection with a motor vehicle or had a licence endorsed, suspended or cancelled? *If so, state when and why*

Has the driver or insured ever had a policy of insurance cancelled or declined or an excess imposed or increased? *If so, state details*

4. Details of loss

Date of loss / / Time am/pm Place of loss

Describe where and how the vehicle came to be where it was **prior** to the loss

Was vehicle locked at time of theft? Yes No Were the keys left in vehicle? Yes No

Describe when and in what circumstances the loss was discovered

Describe when and what action was taken after the loss was discovered

5. Police *Please attach the police report to this claim form*

Did the Fire Brigade attend?	Did the Police attend?	Reported to Police Station at	Police Officer
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date reported	Time	Police report number	What action are the Police taking?
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> am/pm	<input type="text"/>	<input type="text"/>

6. Recovery

If the vehicle or property stolen has been recovered, where was it located?

By whom? When?

Has anyone been apprehended? Are charges being laid?

7. Damaged to insured vehicle *If vehicle towed and towing fees paid please attach invoice and receipt*

Where can the vehicle be inspected? Is your vehicle drivable?

Was the vehicle towed? Yes No *If yes, by whom?*

Have you obtained estimate for repairs? Yes No

Repairer Amount \$

8. Electronic Funds Transfer Settlement of your claim may involve a cash settlement. Please complete the following if you are interested in an EFT Payment

Account name	Bank	Branch number	Account number	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9. Declaration/Privacy Act 1993/Insurance Claims Register

I/We declare that to the best of my/our knowledge and belief, these particulars are complete and correct.

I/We:

- agree to give any further information that may be required
- understand you require this personal information, which will be retained by you at 396 Queen Street, Auckland, before you can evaluate my/our claim
- authorise the disclosure of this personal information regarding this claim to other parties
- authorise the obtaining by you, from any other party personal information about me/us that is in your view relevant to this claim
- authorise the obtaining by you, from Insurance Claims Register Limited (ICR Ltd), which holds details of claims made by me/us under policies with other insurers, personal information about me/us that is in your view relevant to this claim
- authorise you to place details of this claim on the database of ICR Ltd, PO Box 474 Wellington, where it will be retained and available to other insurance companies to inspect
- understand that I am/we are entitled to have certain rights of access and correction of the personal information held by you and ICR Ltd

The collection of this information is required under terms of your policy. Failure to provide it may result in your claim being declined.

Signature of the Policyholder(s)	Date
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

If the policy is in joint names, both signatures are required