

Motor Vehicle Theft

Claim form



Important notice

You must answer all questions honestly and fully. The issue of this claim form is not an admission of liability by QBE Insurance.

How to complete this form

- To help us process your claim quickly, you must answer all questions fully. If there is insufficient space, please use additional pages. If a question is not relevant to your situation, please write 'N/A'.
- If you are completing this form by hand, please ensure you write clearly.
- If you are completing this form electronically, please open it using the latest version of Adobe Reader. Use your mouse/trackpad to take the cursor to the next editable field. Boxes can be ticked either by using your mouse/trackpad or by hitting 'enter'. Upon completion, please print out this form and sign the declaration.
- The signed form should then be posted, or emailed, to your broker.

Broker	Company	Individual
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A. Insured's details

1. Insured's name			
2. Policy number		3. Expiry date (dd/mm/yyyy)	
4. Address			
5. Phone	Work	Mobile	
6. Email address			
7. Bank details (to be used for claims settlements)			
(a) Payee name			
(b) For payments into New Zealand accounts, please provide bank, branch and account numbers:			
(c) For payment into overseas accounts, please provide the following:			
Bank		Branch	Country
Swift/sort code		Account number	

B. Vehicle/ownership

1. Make		Model		Year		Registration no.		
2. Purchased from				Date		Price	NZD	
3. Have you offered the vehicle for sale, sought valuations or trade-in estimates during the past 12 months? If 'Yes', from whom, why and with what result?							Yes	No
4. Is the insured the registered owner? If 'No', who is?							Yes	No

B. Vehicle/ownership

5. Is money owned on the vehicle to any person or firm? Yes No

If 'Yes', please provide details.

C. Person in charge

1. Who was the last person in charge of the vehicle before it was stolen? Insured Other

If 'Other', provide the following details:

Name	First		Last	
Address				
Phone	Work		Mobile	
Email address				
Relationship to the insured (eg employee, spouse, son, daughter)			Age	

D. History

1. Have you ever been refused motor vehicle insurance or had a policy cancelled by an insurer? Yes No

If 'Yes', please provide details.

2. Within the past five years, have you:

(a) had a motor accident, including broken glass, fire or theft, regardless of blame and regardless of whether a claim was made or not? Yes No

If 'Yes', please provide details including date(s), costs and insurer (if any).

(b) had a conviction or pending prosecution, or been fined for any motoring offence (other than for parking)? Yes No

If 'Yes', please provide details (including penalties).

3. Have you previously had a vehicle stolen? Yes No

If 'Yes', please provide details.

E. Police report details

1. Name of the Police Station to which theft was reported:

2. Name of Police Officer

3. When was the theft reported?

Day		Date		Time		am	pm
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4. Police file number (Please attach the Police Complaint Acknowledgement form and tick to indicate enclosure.) Enclosed

F. Theft details

1. (a) Vehicle left

Day		Date		Time		am	pm
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(b) Theft discovered

Day		Date		Time		am	pm
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2. Location vehicle was stolen from?

Please provide a full description.

3. When you left your vehicle:

(a) Where were you going?

(b) Who was with you?

Name

Phone

Address

Email address

4. When you discovered the theft:

(a) Who was with you?

Name

Phone

Address

Email address

(b) How did you get home?

5. Vehicle security

(a) Were all the vehicles doors locked?

Yes

No

(b) Were all the windows fully wound up?

Yes

No

(c) Were the keys in the ignition or in/about the vehicle?

Yes

No

If 'Yes', please provide full details

6. How many sets of keys do you have and where are the keys now?

7. (a) Does the vehicle have any form of additional security (eg alarm, steering lock, etc)?

Yes

No

If 'Yes', please provide full details

(b) Was such security being used?

Yes

No

8. Has the vehicle been recovered?

Yes

No

If 'Yes':

(a) Where was it found?

By whom?

(b) Date found?

Time found

am

pm

(c) Who arranged salvage?

(d) Name of Police Station and Officer attending

(e) Damage to vehicle

F. Theft details

9. (a) Current location of the vehicle	
(b) Arrangements for our inspection	
10. Did you have any personal effects stolen?	Yes No
If 'Yes':	
(a) What?	
(b) Which company are your contents insured with?	

G. Vehicle condition prior to theft

1. Speedometer reading		km	miles
2. Paintwork			
3. Interior trim			
4. Motor/transmission (Please provide details of the nature and cost of major works since purchase.)			
5. Body panels (rust or dents)			
6. Age of tyres	LF	RF	LR RR
7. Accessories:			
(a) on vehicle when purchased			
(b) fitted since purchase			
8. Who normally services the vehicle?:			
9. Warranty of fitness			
(a) When was the last WOF issued			
(b) By whom?			
10. What do you consider the vehicle's market value to have been at the time of theft?	NZD		
11. What do you base this opinion on?			

H. Stolen/damaged accessories

1. Please list any accessories stolen or damaged.				
Item	Date purchased	Place purchased	Purchase price	Replacement cost
			NZD	NZD
			NZD	NZD
			NZD	NZD
			NZD	NZD

Declaration

Has this declaration been read to the insured? Yes No (A claim form may still be required)

- (a) The information and answers given above are correct to the best of my/our knowledge and belief. I/We have not withheld any information likely to affect QBE's consideration of the claim.
- (b) If any personal information is provided, I/We understand that:
- (i) This information will be collected, held, used and disclosed by QBE (either in New Zealand or overseas) in order to issue, administer and manage products and provide services, including claims investigation and administration, and for data analytics. Further details are set out in QBE's privacy policy available at www.qbe.com/nz/about-qbe/privacy-and-your-personal-information.
 - (ii) If I/We do not provide the information requested, then QBE may be unable to provide products or services.
 - (iii) Where I/we have provided someone else's personal information, I/We confirm that I/We have obtained their consent to do so.
To request access to or correction of personal information, please see www.qbe.com/nz/about-qbe/privacy-and-your-personal-information.
- (c) QBE is authorised to disclose information received from me/us to its advisers, reinsurers and to other insurers. I/We authorise QBE to obtain, from any other party, information that is, in QBE's view, relevant to this claim.

Signed by applicant		Date (dd/mm/yyyy)	
Printed name		Phone	
Position		Mobile	
Email address			