Wheels

MOTOR VEHICLE THEFT CLAIM FORM

Please complete the following questions.

This form must be completed in full. If a question doesn't apply please write "N/A". You must answer all relevant questions truthfully. Failing to do so may prejudice your claim. Please supply a recent photo of the vehicle with your form.

NAC

Policy Number:		
1. Insured person		
First Name:	Surname:	
Address:		
Phone:	Mobile:	
Email:		DOB:
Drivers licence number (5a on you	ur licence): Occupation:	
2. Driving history		
Have you been convicted of a traf	ffic or driving offence in the past 5 years?	☐ Yes ☐ No
Details:		
Have you ever had a previous mo	tor vehicle claim?	☐ Yes ☐ No
Details:		
3. Theft		
Name (person in control of the vel	hicle prior to the theft):	Age:
What was stolen?	the vehicle	and/or accessories from the vehicle
Address (vehicle and / or accesso	ories stolen from):	
If this is not your address, why wa	as it parked here?	
Where was the vehicle parked? (ti	ck the appropriate box)	
garage / carport drivev	vay parking area roadside ot	her (specify)
When did you last see the vehicle	prior to the theft? am/pm Day:	Date:
Was the vehicle left fully locked an	nd secure?	☐ Yes ☐ No
Was the vehicle fitted with a secur	rity system?	☐ Yes ☐ No
Was it activated?		☐ Yes ☐ No
Make:	Model:	Star rating:
Where were the keys to the vehicle	le when the theft occurred?	



When did you realise the theft had occurred?	am/pm Day:	Date:		
Was the theft reported to the police?			Yes [No
Police station:	Reported by:			
Date:	Police file number:			
Please provide a copy of the police acknowledger	ment form.			
How many sets of keys are there for the vehicle?				
Where are all the sets of keys now?				
Is there any other insurance on the vehicle and / or acc	essories?		Yes [□ No
Have you any idea who the offender was?			Yes [□ No
Name:	Address:			
4. Vehicle recovery				
Has the vehicle and / or accessories been recovered?			Yes [☐ No
When found: am/pm	Date:			
Where found:	Found by:			
5. Vehicle details				
Make:	Model:			
Type (eg sedan/hatch):	Rego:	Year:		
Auto or manual?	Number of doors:	_ CC rating:		
Stereo system purchase date:				
Factory or after market rims?	Factory or after market spoilers?			
WOF issued by:	WOF (exp):			
Date of last service:	Last service performed by:			
Odometer at time of theft	Odometer at time of recovery:			
Date of purchase: Price:	Purchased from:			
Colour:	Decals / graphics:			
Modifications since manufacture:				



Accessories or extras

If the vehicle is unrecovered, please list full details of all accessories / extras fitted. If the vehicle has been recovered, only list accessories / extras which are missing.

Detailed description of accessories or extras stolen or damaged. Please include make and model and attach purchase receipts where possible.	age of item	present purchase price	amount claimed
		Total	
Condition of vehicle before theft			
What was the overall condition of the vehicle before theft?:			
Condition of paintwork (eg blemishes, stone chips etc):			
Condition of interior trim:			
Condition of engine and transmission:			
Condition of body parts (eg dents or rust, any previous damage):			
6. Ownership			
Is the vehicle under mortgage, bill of sale or hire purchase in any way?			☐ Yes ☐ No
Details:			
Name vehicle registered under:			
7. Damage to vehicle			
To be completed If vehicle recovered			
What damage was done to the insured vehicle?			



Was the vehicle towed from the scene?		☐ Yes ☐ No
Towed by:	Date:	
Do you have a prefered repairer?		☐ Yes ☐ No
Name:	Address:	
Have you obtained an estimate for repairs?	☐ Yes ☐ No Cos	st:
Please do not start repairs until the damage a NAC Insurance Assessor.	has been inspected and the e	estimated loss has been approved by
8. Any further relevant info	rmation	
Has the vehicle been for sale in the last three mon	nths?	☐ Yes ☐ No
Where was it advertised?		
If Trade Me please complete and supply attack	ched form	
 This is a statutory declaration under the Oaths knowing that any of the statements under 1) be The person who signs this declaration signs it It must be witnessed by a Justice of the Peace I declare on behalf of all insureds that: (a) All information given to NAC Insurance, a betrue and correct; and (b) No relevant information has been omitted. 2) I agree that: (a) My personal information may be disclosed i. members of the insurance industry and ii. other relevant individuals and organisation financial interest in the subject matter of (b) NAC Insurance may move the vehicle to an 	elow are not true. on behalf of all insureds. e, solicitor or other person author usiness division of IAG New Zea by NAC Insurance to, and/or ob Insurance Claims Register Limit ons to this claim, including but reithe policy.	orised to take a statutory declaration. aland Limited, in connection with this claim is otained by NAC Insurance from: ted not limited to, repairers and parties with a
Signature (insured person):		
Declared at: this _	day of	Two thousand and
Before:		
Justice of the Peace or other person authorised to	take a statutory declaration	

If the vehicle is not recovered, we require the keys, registration papers and any photos

If the vehicle is not recovered, we require the keys, registration papers and any photos (reasonably available) before a decision can be made on claim acceptance

Please note: the terms of your NAC Insurance policy require you to supply this information, and if you refuse to supply it we may refuse your claim.



We are a member of the Insurance Council of NZ and adhere to the Fair Insurance Code. Further information on the Fair Insurance Code can be found at www.icnz.org.nz