

YOUR VEHICLE - DRIVER DETAILS

Name of the person in control of the Vehicle at the time of the theft:

Age: Address:

Date of Birth: Contact Phone Numbers:

Occupation:

If the person in control of the Vehicle is **NOT** the Insured:

a) Relationship to the Insured: b) Was the Vehicle used with the Insured's authority? Yes: No:

c) Does the Driver personally own a private car? Yes: No: If Yes, then Make and Model of Vehicle:

Registration of Vehicle: Insurance Company: Drivers Licence Number:

Drivers Licence Type: Learner: Restricted: Full: International:

Which Country?

Licence Class: Date of Issue: Expiry Date:

DRIVER HISTORY (Both the driver's and the insured's details are required)

	Yes	No	Who
1. Have the Insured or Vehicle Driver ever had an insurance policy or renewal cancelled, declined or refused?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2. Has any Insurer ever demanded an increase in premium or excess from the Insured or the Driver?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3. Does the Insured or Vehicle Driver suffer from any physical defect, infirmity or disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
4. Have the Insured or Vehicle Driver ever been involved in a motor vehicle accident or made a claim?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5. Have the Insured or Vehicle Driver ever been issued with a summons or convicted for any traffic or criminal offence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
6. Have the Insured or Vehicle Driver ever had a driver licence suspended or cancelled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

If you have answered Yes to any of the above questions, please give details:

INCIDENT DETAILS

What was stolen? a) The Vehicle Yes: No: b) Accessories from the Vehicle Yes: No:

From what address was the Vehicle or Accessories stolen?

Where was the Vehicle Parked? a) Garage: b) Carport c) Driveway d) Roadside:

e) Other (specify)

When did the person in control of the Vehicle last see the Vehicle prior to the theft? Time: am/pm Date:

Was the Vehicle fully locked and secure? Yes: No:

Was an alarm or immobiliser operational? Yes: No:

How many sets of keys are there for the Vehicle?

Where were all the Vehicle keys when the theft occurred?

Where are all the Vehicle keys now?

When did you know the theft occurred? Time: am/pm Date:

Was the theft reported to the Police? Yes: No:

If Yes, a) To which Police Station?

b) By Whom?

c) When? What is the Police File Number?

Is there any other Insurance on the Vehicle or Accessories?

Have you any indication who the offender was? Yes: No:

If Yes, Their name: and Address:

INCIDENT DETAILS - ACCESSORIES OR EXTRAS

If the Vehicle is unrecovered please list full details of all accessories, modifications or extras fitted to the Vehicle
If the Vehicle is recovered then please list full details of all accessories, modifications and extras that are missing

Description (include make/model and Supply any receipts)	Age of item	Replacement/Purchase Price (supply notes)
<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"/>

INCIDENT DETAILS

What damage did your Vehicle sustain?

Was the Vehicle towed from the scene? Yes: No: If so, by whom?

Where is the Vehicle currently located?

Have you obtained an estimate for repairs? Yes: No: If so please send the estimate(s) to us with this claim form.

Please note. You are not to authorise repair of the Insured Vehicle until the damage has been inspected and the estimated loss has been approved by insuredirect or it's Underwriter and/or their Assessor.

OTHER INFORMATION

Please use this section to provide any other information that could be relevant to this claim.

STATUTORY DECLARATION

I/We hereby declare the forgoing particulars to be true and correct and I/We undertake to provide any information requested and to render insuredirect, their Underwriters or anyone appointed by them every assistance within My/Our power in dealing with the matter and I/We hereby authorise insuredirect, their Underwriters or anyone appointed by them to obtain details of endorsements and any convictions pertaining to any Driving Licence issued to Myself/Ourselves.

I/We intend to claim indemnity under My/Our Insurance Certificate in respect of this incident.

I/We agree that any instructions given by insuredirect, their Underwriters or anyone appointed by them for the repair or removal/disposal of the Vehicle will be taken as being on My/Our behalf.

I/We understand that the information provided on this claim form and any supporting documents are subject to the Contract of Insurance as detailed in the Insurance Schedule and Policy Wording.

Date: Signature of the Insured:

Signature of the Driver:

JUSTICE OF THE PEACE DECLARATION

I/We hereby declare that the answers given above are in every respect correct and I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declaration Act 1957.

Signature of Driver/Person in charge of Vehicle:

Declared at: this day of two thousand and

Before me: Justice of the Peace or other person authorised to take a Statutory Declaration.

Central Register of Driver Licences
Land Transport Safety Authority
PO Box 11-349
WELLINGTON

Fax (09)3098481

Dear Sir/Madam,

PRIVACY ACT 1993: REQUEST FOR PERSONAL INFORMATION

I authorise Inbroke Limited to obtain from the Land Transport Safety Authority the following information about me:

My Driver history record as it relates to traffic offences.

My full name is: _____ Date of Birth: _____

Current Address: _____

Driver Licence Number: _____ Vehicle registration: _____

This is a; Learner: Restricted: Full: Licence.

The information is to be sent to:

INBROKE LIMITED
PO Box 4513
Auckland
Attention: Claims Department

I understand that Inbroke Limited will use the information provided to verify details I supplied in support of my insurance claim.

Signed: _____ Date: _____

Land Transport Safety Authority use only:

No Convictions Recorded

Please find Attached

Signed: _____ Date: _____