



Claim / Customer Ref:

Office

This form must be returned directly to us immediately with all questions answered.

**NOTE: All vehicle theft claims have a stand-down period of 10 working days.**

## 1.0 Insured's details

### CONTACT DETAILS

Surname

First name(s)

Date of birth

Phone (  )

Mobile (  )

Email

Preferred contact method  Email  Phone  Mobile

### ADDRESS DETAILS (POSTAL)

Street number

Street name

Suburb

Town / City

Is the registered owner the policyholder?  Yes  No

If NO, then enter the owners full name

If YES, then no need to enter owners details as they are already captured

## 2.0 Insured vehicle details

### VEHICLE IDENTIFICATION

Year  Reg no.

Make  Model

CC Rating

Approximate Odometer Reading

Transmission  Manual  Automatic

Engine No. or Type

Colour   
Detailed

### MODIFICATIONS AND ACCESSORIES

Has the vehicle been modified in any way  Yes  No

If YES, give full details

Is the vehicle certified for the modifications?  Yes  No

If NO, give full details

Is there any other insurance on the vehicle  Yes  No

or accessories?

If YES, give full details

Colour changes made by present owner

Tyres  
Make / Type

Wheels Colour Size

Make/Model

Radio/Stereo Make Model  
Include all audio equipment

Speaker(s) Make Type/Size  
Where fitted in vehicle

Interior Trim Colour

Other vehicle accessories  
List below

### VEHICLE CONDITION

Was the WOF current at the time?  Yes  No

If NO, give full details

Is there any pre-existing damage on the vehicle?  Yes  No

If YES, give full details

Are any Road User or Registration Charges up to date?  Yes  No

Have you had any repairs done to the vehicle?  Yes  No

If YES, please provide repair details and advise repairer's name

Condition of the following was:  
i.e Good, Poor, etc

a) Engine	b) Mags
c) Transmission/Diff	d) Suspension
e) Steering	f) Body
g) Paintwork (faded/patchy)	h) Seats
i) Dash	j) Interior/Trim
k) Tread depth of tyres (mm)	Spare

Front Left      Front Right      Rear Left      Rear Right

The vehicle is usually serviced by

Phone

The vehicle was last serviced by

Phone

Date vehicle was last serviced	d	d	m	m	y	y	y	y
Warrant of fitness expires on	d	d	m	m	y	y	y	y
Registration expires on	d	d	m	m	y	y	y	y

### 3.0 What happened

Was the insured the last person in charge of the vehicle before the loss?  Yes  No

If NO, then enter details of person in charge of the vehicle: full name, email, phone number, alternative phone number, address, relationship to insured

Date of loss 

d	d	m	m	y	y	y	y
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Between the hours 

h	h	m	m	<input type="radio"/> am <input type="radio"/> pm	h	h	m	m	<input type="radio"/> am <input type="radio"/> pm
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Date loss was discovered 

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Time loss was discovered 

h	h	m	m	<input type="radio"/> am <input type="radio"/> pm
---	---	---	---	---

Was the vehicle alarmed?  Yes  No

Was the alarm set?  Yes  No

What brand/model is the alarm?

What star rating is this alarm? stars

Was the vehicle fitted with this alarm when you purchased it?  Yes  No

If you had this alarm fitted to the vehicle, who fitted the alarm?

Did the alarm sound during the theft of the vehicle?  Yes  No  Unknown

Was the vehicle locked at the time of the theft?  Yes  No

Do you still have all keys to the stolen vehicle?  Yes  No

Details of how loss occurred  
If insufficient space attach sheet

Where were you at the time of the theft or loss?

Place where loss occurred

Did you have any personal effects stolen from inside the vehicle?  Yes  No

Do you have a preferred repairer?  Yes  No  
If YES, please provide repairers phone number and address

### 4.0 General - please answer all questions

Vehicle Owner Full Name

Address

Phone: Day Night

Usual Driver Full Name

Address

Phone: Day Night

The following people have keys to the vehicle  
Names, Addresses and Phone Numbers

Number of owners

Purchase price of vehicle

Purchase date of vehicle 

d	d	m	m	y	y	y	y
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Purchased from whom?  
i.e. Dealer

Was the vehicle for sale or trade prior to the loss?  Yes  No  
If YES, how was it advertised and what was the asking price?

### FINANCE

Is the vehicle subject to a finance arrangement of any kind?  Yes  No

Name

Postal Address

Approximate balance?

### 5.0 Insured's history

Have you or any person insured under this policy had motor vehicle insurance declined, cancelled, refused or special terms imposed?  Yes  No

Have you ever had a claim declined?  Yes  No

Subject to the Criminal Records (Clean Slate) Act 2004, have you been convicted of or committed any criminal offence (other than traffic or parking offences), have prosecutions or convictions pending, or been bankrupt or undergone a No Assets Procedure in the last 10 years?  Yes  No

I/we understand that wilful or reckless exaggeration or inflation of the amount claimed will forfeit the claim and may result in prosecution.  Yes  No

## 7.0 Police details

Have the Police been notified of the loss?  Yes  No  
 If YES, which Police Station was the loss reported to?

On which date? 

d	d	m	m	y	y	y	y
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Police File / Event Number

Name of Police Officer

Has the loss been advertised in any media?  Yes  No  
 If YES, please provide details  
 (Newspaper, Internet, Etc)

Date 

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Has the vehicle been recovered?  Yes  No  
 If YES, where from? Where is the car now?

N.B. Please attach the Police Form

Has anyone been charged with an offence in relation to this event?  Yes  No  
 If YES, please provide details and Type of Charge

Other action taken to recover property

## 8.0 Additional documents

Please attach a copy of your motor vehicle drivers licences.

How many additional pages are attached?

I have included the following additional information:

## 9.0 Declaration (please read this carefully before signing)

Where any declaration is answered NO then further details will need to be provided below in the box headed "Exceptions to this Declaration".

I/We declare that:

All the statements in this claim form and any additional schedules are correct.  
 Yes  No

The motor vehicle and/or accessories are correctly described in this form and were lost, stolen or damaged under the circumstances described overleaf.  
 Yes  No

I/We have told Club Auto everything relevant to this claim.  
 Yes  No

I/We understand that:

Wilful or reckless exaggeration or inflation of the amount claimed will forfeit the claim and may result in prosecution.

The personal information provided in this claim form is being collected by Club Auto or TOWER to enable them to evaluate my/our claim.

I/We have certain rights of access to and correction of the personal information provided by me/us on this claim form or in support of this claim, but if I/we do provide incorrect information, Club Auto or TOWER may be entitled to decline the claim whether or not it is later corrected.

If any of the property in this claim for which I/we have received payment is subsequently recovered I/we will notify Club Auto or TOWER immediately and return the property to Club Auto or TOWER or will refund to Club Auto or TOWER the value of the recovered items.

I/We authorise Club Auto or TOWER to obtain personal information about me/us from any other party.

I/We authorise the New Zealand Police to release to Club Auto or TOWER copies of any or all documents held by the New Zealand Police relating to the incident giving rise to this claim and authorise Club Auto or TOWER to provide information about this claim and the insured to the New Zealand Police to assist with the police investigation. I/We consent to Club Auto or TOWER making a formal request pursuant to the Official Information Act, 1982 if necessary.

### 9.1 Exceptions to this declaration

Signature															
Before signing please ensure that you have answered all the questions and have read and understood the "declaration" above.															
Full name	Date	Signature													
Insured's name	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y						
d	d	m	m	y	y	y	y								
Witnessed by	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y						
d	d	m	m	y	y	y	y								
Person last in charge of vehicle	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y						
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d	d	m	m	y	y	y	y								

Sign here

**Please send this form to:** Club Auto Insurance Limited. PO Box 1575, Whangarei  
 Telephone: 0800 506 506, Facsimile: 09 438 1049, Email: claims@clubauto.co.nz  
 Club Auto Motor Vehicle policies are 100% underwritten by TOWER Insurance Limited.