



Motor Vehicle Insurance Claim Form -Theft/Attempted Theft-

You must answer ALL questions. Where indicated please tick the box as applicable. In order to process your claim as quickly as possible, please attach to this claim form copies of the front and back of your driver's licence as well as the driver's licence of anyone driving the car or responsible for the car at the time of the incident. The copies must be clear and the photographs clearly identifiable.

Policy No. _____ **Period of Insurance: From** _____ / _____ / _____ **to** _____ / _____ / _____

THE INSURED VEHICLE IS REGISTERED IN THE NAME OF		FINANCE DETAILS (IF APPLICABLE)	
Surname: _____	Given Names: _____	Company: _____	
Are you registered for GST? <input type="checkbox"/> YES <input type="checkbox"/> NO		Address: _____	
If YES, what percentage will you be claiming on Input Tax Credit for _____ %		_____	
Address: _____		P/Code _____	
P/Code: _____	Email: _____	Term: _____	Months: _____
Telephone: Private: _____	Business: _____	Loan Type: (Lease, HP, etc): _____	
Occupation: _____	Date of Birth: _____ / _____ / _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Contact: _____
Drives Licence No: _____	Year Obtained: _____	_____	

PLEASE ATTACH A COPY OF YOUR DRIVERS LICENCE TO THIS FORM

THE INSURED VEHICLE

Make (e.g. Ford) _____ Model (e.g. Falcon) _____ Series (e.g. EA) _____

Year: _____ Body Style (e.g. Sedan): _____ Registration No.: _____

Engine No.: _____ VIN No.: _____

No. of Cylinders: _____ Transmission: Manual Automatic

Date of Purchase: _____ Purchase Price: \$ _____ Dealer/Private Sale: _____

Has the car had accessories added which are not the manufacturer's standard specification? YES NO

If YES, provide full details _____

Has the car been modified in any way from the manufacturer's standard specification? YES NO

If YES, provide full details _____

Purpose for which the vehicle was being used at the time of the Theft? Private Business

Was the car locked at the time of the Theft? YES NO

Was an alarm system fitted? YES NO

If YES, was it activated? YES NO

Were there any other steps taken to prevent the theft? _____

What was the condition of the vehicle prior to the theft? If the vehicle was damaged in any way, prior to the Theft, provide details. _____

How many ignition keys did you have, prior to theft _____ Where are those keys now: _____

THE DRIVER / PERSON IN CHARGE OF INSURED VEHICLE

Surname: _____ Given Names: _____ Date of Birth: / /

Address: _____ Postcode: _____

Drivers Licence No.: _____ Expiry Date: / /

How long has the driver held a current Australian Driver's Licence? _____ Years: _____

In the last 5 years have you or anyone who is likely to drive the car:

- a) Been charged or convicted or issued with an infringement notice for any motoring offence? YES NO
- b) Had their Licence refused, Suspended, Cancelled or Endorsed? YES NO
- c) Had an at fault accident with a motor vehicle or had a motor vehicle stolen, damaged (including hail) or destroyed by fire? YES NO

In the last 5 years have you or anyone who is likely to drive the car ever:

- 1. Been charged or convicted with a criminal offence? YES NO

In the last 5 years have you or anyone who is likely to drive the car ever:

- 2. Had an insurance policy refused, denied or cancelled or special conditions applied, endorsed or excess imposed by an insurer? YES NO

If YES to any question above, please provide FULL DETAILS below _____

IF THERE IS NOT SUFFICIENT SPACE TO ANSWER THESE QUESTIONS PLEASE ADD A SEPARATE SHEET

Had the insured or last driver of the Insured vehicle ever had a Motor Vehicle / Cycle stolen or vandalised: YES NO

If YES, on what date: / / Description of Vehicle: _____

Police Station to which reported: _____ Name of insurance company concerned: _____

DESCRIPTION OF THEFT

Date of Theft: / / Time of Theft: am/pm

Exact place where theft occurred: _____

When did you leave your vehicle at this location: Date: / / Time: am/pm

What was your reason for leaving this vehicle at this location: _____

Describe the events leading up to, and full particulars (as best known to you) of, the Theft:

1. _____

2. _____

How did you get home after Theft? _____

Are you aware of any independent witness to the Theft: Supply names, addresses and phones numbers? _____

THE POLICE

Station where Theft reported:

Name of the Police Officer:

Crime Report No.: _____ Theft Reported: _____ Date: / / _____ Time: am pm

Reported by: _____ If not reported to the police, explain why

If you have sighted the motor vehicle since the Theft, give full particulars:

Do you have any reason to suspect any person(s) of being involved in the Theft? YES NO

If YES, please give full details

Have your suspicions towards any person(s) been conveyed to the Police? YES NO

If NO, for what reason?

TO BE COMPLETED IF YOUR VEHICLE HAS BEEN RECOVERED

Date Recovered: / / _____ Time Recovered: am pm

Name of Police Officer or other person who found the car:

Police Station:

Location of vehicle when first found:

Police opinion of how the vehicle was stolen:

Was the steering lock intact when recovered? YES NO

What was the odometer reading when Stolen: _____ km When recovered? _____ km

Was the vehicle towed from scene of recovery? YES NO

If YES, by whom?

Describe damage to the vehicle now:

Have you obtained an estimate for repairs? YES NO If YES, copy to be attached

Provide documentary evidence of personal items stolen and their value: (you must include proof of purchase/ownership)

Full address where the vehicle can be inspected:

DECLARATION

- I/We declare that foregoing particulars are true in every respect. No information likely to affect this claim has been withheld.
- I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.
- I/We understand that the applicable excess is payable under the condition of the policy.
- I/We also agree to provide any further information required by the Company.
- I/We acknowledge that AVEA Insurance may give to, and obtain from, the other insurers and/or Insurance Reference Bureaux, personal information relating to the claim as well as insurance claims information obtained during the course of the contract.
- I/We authorise you to remove the vehicle to any place of storage for repair and take any other action you consider necessary to implement repair or reinstatement of vehicle.
- I/We have read and understood the Privacy Information attached to this form.
- I hereby authorise you as my agent to remove the vehicle to any place of storage or repair and take any other action you consider necessary to implement repair or reinstatement of vehicle.

Signature of Insured: _____

Date: / / _____

STATUTORY DECLARATION TO BE COMPLETED BY THE INSURED PERSON

I/We _____ of _____

do solemnly and sincerely declare the following:

- The particulars contained in the foregoing claim relating to the driver are true and correct to the best of my knowledge and belief;
- All other particulars in the foregoing claim are true in fact and I have given true and correct details of all charges and/or convictions and accidents I have had in relation to the driving of a motor vehicle;
- Except as other wise disclosed, I/We have not had an Insurance Contract declined or cancelled; and
- I/We make this solemn declaration conscientiously believing the same to be true and by virtue of the law of the place of Australia wherein this declaration is made rendering persons making false declarations punishable for wilful and corrupt perjury.

SWORN/DECLARED AT: _____

In this State of _____ this _____ day of _____

Signature of the Insured: _____ Before me: _____

Justice of the Peace / Commissioner for taking Affidavits / Commissioner for Declaration other person authorised to take declarations and oaths. _____

Name and Address of Justice of the Peace / Commissioner: _____

STATUTORY DECLARATION TO BE COMPLETED BY THE PERSON IN CHARGE, IF NOT THE INSURED

I/We _____ of _____

do solemnly and sincerely declare the following:

- The particulars contained in the foregoing claim relating to the driver are true and correct to the best of my knowledge and belief;
- All other particulars in the foregoing claim are true in fact and I have given true and correct details of all charges and/or convictions and accidents I have had in relation to the driving of a motor vehicle;
- Except as other wise disclosed, I/We have not had an Insurance Contract declined or cancelled; and
- I/We make this solemn declaration conscientiously believing the same to be true and by virtue of the law of the place of Australia wherein this declaration is made rendering persons making false declarations punishable for wilful and corrupt perjury.

SWORN/DECLARED AT: _____

In this State of _____ this _____ day of _____

Signature of the Insured: _____ Before me: _____

Justice of the Peace / Commissioner for taking Affidavits / Commissioner for Declaration other person authorised to take declarations and oaths. _____

Name and Address of Justice of the Peace / Commissioner: _____

