

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 vehicle or responsible for the vehicle at the time of the incident. The copies must be clear and the photographs clearly identifiable.

Policy No.	Period of Insurance: From	/	/	to	/	/
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INSURED DETAILS	FINANCE DETAILS (IF APPLICABLE)
Surname: _____ Given Names: _____ Company: _____	
Are you registered for GST? <input type="checkbox"/> NO <input type="checkbox"/> YES (percentage claiming Input Tax Credit for) _____ % Address: _____	
Address: _____	
P/Code: _____ Email: _____	
P/Code _____	
Telephone: Private: _____ Business: _____	
Term: _____ Months: _____	
Occupation: _____ Date of Birth: ____/____/____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Loan Type: (Lease, HP, etc): _____	
Drivers Licence No.: _____ Year Obtained: _____	

INSURED VEHICLE DETAILS
Vehicle registered in the name of: _____
Make (e.g. Ford): _____ Model (e.g. Falcon): _____ Series (e.g. XR6): _____
Year: _____ Body Style (e.g. Sedan): _____ Registration No.: _____
Engine No.: _____ VIN No.: _____
No. of Cylinders: _____ Transmission: <input type="checkbox"/> Manual <input type="checkbox"/> Automatic
Date of Purchase: _____ Purchase Price: \$ _____ Dealer/Private Sale: _____
Has the vehicle had accessories added which are not the manufacturer's standard specification? <input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, provide full details: _____
Has the vehicle been modified in any way from the manufacturer's standard specification? <input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, provide full details: _____
Purpose for which the vehicle was being used prior to the Theft? <input type="checkbox"/> Private <input type="checkbox"/> Business
Was the vehicle locked at the time of the Theft? <input type="checkbox"/> YES <input type="checkbox"/> NO
Was an alarm system fitted? <input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, was it activated? <input type="checkbox"/> YES <input type="checkbox"/> 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 LAST PERSON TO DRIVE THE INSURED VEHICLE
Surname: _____ Given Names: _____ Date of Birth: ____/____/____
Address: _____ Postcode: _____
Telephone: Private: _____ Business: _____ Email: _____
Drivers Licence No.: _____ Date of Expiry: ____/____/____
How many years has driver held an Australian Licence? Years: _____

DUTY OF DISCLOSURE

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

- a) Been charged or convicted or issued with an infringement notice for any motoring offence?
b) Had their Licence Refused, Suspended, Cancelled or Endorsed (including any good behaviour period)?
c) Had an at fault incident with a motor vehicle or had a motor vehicle stolen, damaged (including hail) or destroyed by fire?

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

- 1. Been charged or convicted with a criminal offence?

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

- 2. Had an insurance policy refused, denied or cancelled or special conditions applied, endorsed or excess imposed by an insurer?

Did you consume any alcohol in the 12 hours prior to the incident?

Did you consume any drugs (prescribed or otherwise) in the 12 hours prior to the incident?

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

Blank lines for providing full details of any 'YES' answers.

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 your vehicle at this location:

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

How did you get home after Theft?

Are you aware of any independent witness to the Theft: Supply names, addresses and telephone 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 vehicle: _____

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? _____ Contact No: _____

Describe damage to the vehicle now: _____

Have you obtained an estimate for repairs? YES (copy to be attached) NO (We can assist in arranging this)

Full address and contact number of where the vehicle can be inspected: _____

DECLARATION

- I hereby declare that the information I have submitted in relation to this claim, including the Duty of Disclosure section, is true and correct in every particular;
- I agree to provide any information that is requested by Avea that it deems is relevant to assessing this claim;
- I acknowledge that Avea Insurance may provide, and obtain from, other insurers and/or the Insurance Reference Bureaux personal information relating to this claim as well as claims I have previously lodged, in accordance with Avea's Privacy policy. I understand that I may request a copy of Avea's Privacy policy at any time or obtain it from Avea's website;
- I hereby authorise Avea to act on my behalf to take any action it considers necessary to implement repair or reinstatement of the vehicle, including the removal of the vehicle to any place of storage or repair; and
- I understand that the applicable excess is payable under the policy terms and conditions.

Signature of Insured: _____ Date: ____ / ____ / ____

