

Motor Vehicle Insurance Theft and Malicious Damage Claim



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DETAILS OF INSURED

Surname Given Name/s Policy/Claim number

Permanent Postal Address Postcode

Occupation Home Phone Business Mobile

Email

Name of Registered Owner Sum Insured

2

PARTICULARS OF INSURED VEHICLE

Make Model

Registration Number Engine Number

Year of Manufacture Body Type No. of Cylinders Auto Manual

Purchase price of vehicle Purchase Date

From whom was the vehicle purchased? Expiry Date of Vehicle Registration

Have you ever tried to sell the vehicle? Yes No When/Why?

Is the vehicle subject to finance? (Mortgage/bill of sale/hire purchase/lease) Yes No

Name of Finance Company Branch

Account Number

Have you previously reported this incident to HBF? Yes No How?

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CIRCUMSTANCES OF MOTOR VEHICLE THEFT, BREAK-IN OR MALICIOUS DAMAGE

Date of Occurrence Time am pm Location if incident

Please provide a detailed description of the incident and circumstances surrounding the loss or damage.

What were the driver's/person's last in charge of your vehicle, movements three hours preceding the theft or malicious damage?

What were the driver's/person's last in charge of your vehicle, movements immediately following the theft or malicious damage?

Name of person last in charge of your vehicle

Date of Birth

Address of person last in charge of your vehicle

Postcode

How did you get home following the theft?

a) Was the vehicle locked? Yes No

b) Were the keys removed? Yes No

c) Was an alarm/immobiliser fitted? Yes No

d) If yes, was it activated? Yes No

e) Brand name and type of alarm fitted

Have you had any previous theft claims? Yes No If yes, please give full details, dates and names of other insurers

Date

Insurance Company

Details

Has the person last in charge of your vehicle had any driving offences, cancellation/suspension of licence, traffic convictions or infringements in the last 5 years? Yes No

If yes, state when and why

Has the person last in charge of your vehicle had any criminal convictions in the last 5 years? Yes No

If yes, state when and why

Was a report made to the Police? Yes No

If yes, which station?

Date reported

Time

am pm

Report Number

Has anybody been charged? Yes No

If yes, give full details



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PARTICULARS OF DAMAGE TO THE VEHICLE IF RECOVERED

Where was the vehicle recovered?

Who recovered the vehicle?

Was the vehicle towed? Yes No

If yes, by whom?

Present location of the vehicle?

Have you obtained a quote? Yes No

Repairer

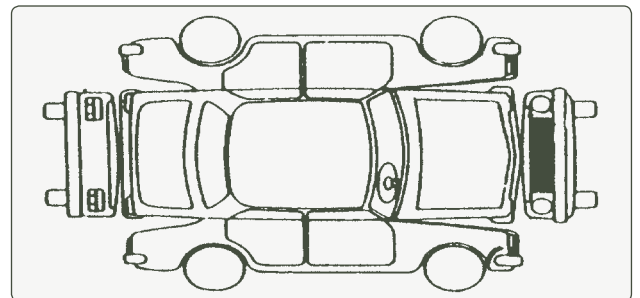
Quotation Amount

What personal property was stolen from the vehicle?

Please attach proof of ownership.

	Value
	\$
	\$
	\$
	\$
	\$

What is the extent of the damage? (Please use diagram)



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DECLARATION

I/We declare that:

1. The information contained in this claim form is true and complete in every respect, and I have not withheld any relevant information.
2. HBF Insurance is authorised to obtain any statement made in relation to this claim form from the Police and any particulars in relation to any criminal convictions.
3. HBF Insurance is authorised to obtain details from my lender of the amount owing in respect to the insured property.
4. HBF may lawfully refuse to pay this claim if fraudulent information is included in this claim or material facts have been fraudulently concealed or omitted.
5. I consent to HBF Insurance disclosing my personal information to other insurers, an insurance reference service or as required by law. I consent to HBF Insurance also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.
6. I/We the undersigned hereby authorise the Officer in Charge, Criminal Records Office/Officer in Charge, Traffic Convictions Records to provide particulars of any convictions recorded against me/us.

Signature of Policyholder

Date

Signature of Policyholder

Date



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