

# Motor Vehicle Insurance Theft and Malicious Damage Claim



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## DETAILS OF INSURED

Surname	Given Name/s	Policy/Claim number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Permanent Postal Address		Postcode	
<input type="text"/>		<input type="text"/>	
Occupation	Home Phone	Business	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email			
<input type="text"/>			
Name of Registered Owner		Sum Insured	
<input type="text"/>		<input type="text"/>	

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## PARTICULARS OF INSURED VEHICLE

Make	Model		
<input type="text"/>	<input type="text"/>		
Registration Number	Engine Number		
<input type="text"/>	<input type="text"/>		
Year of Manufacture	Body Type	No. of Cylinders	<input type="checkbox"/> Auto <input type="checkbox"/> Manual
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Purchase price of vehicle	Purchase Date		
<input type="text"/>	<input type="text"/>		
From whom was the vehicle purchased?	Expiry Date of Vehicle Registration		
<input type="text"/>	<input type="text"/>		
Have you ever tried to sell the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	When/Why? <input type="text"/>		
Is the vehicle subject to finance? (Mortgage/bill of sale/hire purchase/lease) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Finance Company	Branch		
<input type="text"/>	<input type="text"/>		
Account Number			
<input type="text"/>			
Have you previously reported this incident to HBF? <input type="checkbox"/> Yes <input type="checkbox"/> No	How? <input type="text"/>		

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

Date of Occurrence	Time	Location if incident
<input type="text"/>	<input type="text"/> am <input type="checkbox"/> pm <input type="checkbox"/>	<input type="text"/>

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

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

PLEASE TURN OVER

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

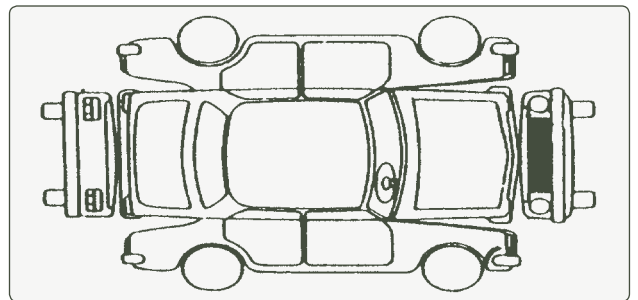
Quotation Amount

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



