

### 1 Details of Insured

Surname		Given Name/s		Policy Number
Permanent Postal Address				Postcode
Occupation	Home Phone	Business	Mobile	
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
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		When/Why?
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
Account Number		
Have you previously reported this incident to HBF?		How?
<input type="checkbox"/> Yes <input type="checkbox"/> No		

### 3 Circumstances of Motor Vehicle Theft, Break-in or Malicious Damage

Date of Occurrence	Time	Location if incident
/ /	am/pm	

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

## 4

### 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

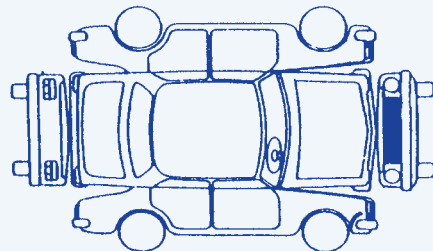
Quotation Amount

 \$

What personal property was stolen from the vehicle?

Please attach proof of ownership.

	Value
	\$
	\$
	\$
	\$
	\$



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

## 5

### Declaration

HBF Insurance Pty Ltd (ABN 11 009 268 277) [HBF] will use the information you supply on this form, and the information we collect from third parties in connection with your claim (which by signing this form you authorise us to collect), to assess and process your claim. We may disclose certain personal information to claims service providers, to the Insurance Reference Bureau and to our related companies.

Further information on how HBF may use and disclose the personal information you provide is contained in HBF's Privacy Statement, which also sets out information about access to your personal information, the laws that impact on HBF's handling of personal information and the consequences if you do not provide the personal information HBF requires. A copy of the Privacy Statement is available at [www.hbf.com.au](http://www.hbf.com.au) or you can phone a Member Service Advisor on 133 423 to request a copy.

### Police Authority

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 Driver

Date