



E: motorclaims@gbtpa.co.nz www.mainstreaminsurance.co.nz

Motor Vehicle Theft Claim Form

Please return this claim form promptly to us with all questions fully answered. Please forward any communications connected with this accident to us immediately. Our motor vehicle claims are managed by Gallagher Bassett - the largest multi-disciplinary third party claims administrator in New Zealand.

1. Insured / Owner Details

Surname..... First name

Address Suburb/Town

Telephone.....(.....)..... Email.....

Policy number Claim number

2. Vehicle Details

Make/model Year Registration number

Current warrant of fitness? Yes No If 'No', details

Current registration? Yes No If 'No', details

Finance on the vehicle? Yes No If 'Yes', details

3a. Driver Details or Person in Charge

Was the driver or person in charge of the vehicle at the time of the accident the person shown under section 1? Yes No

If 'No', please complete the following:

Surname..... First name

Date of birth

Address Suburb/Town

Telephone.....(.....)..... Email.....

4. Condition of the Vehicle Prior to Theft

Body panels and paintwork (rust, dents, scratches)? Yes No

If 'Yes', provide details:.....

Any mechanical defects? Yes No

If 'Yes', provide details:.....

Where is the vehicle usually serviced or repaired:.....

5. Theft Details

Date of theft Date and time theft was discoveredam/pm

Address vehicle stolen from.....

Where was the vehicle parked (e.g. garage, driveway, roadside)?.....

Date and time vehicle was left.....am/pm

Where the windows and doors locked? Yes No



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Motor Vehicle Theft Claim Form cont.

5. Theft Details cont.

Does the vehicle have any additional security (e.g. alarm)? Yes No If 'Yes', details

Where were the keys to the vehicle when the theft occurred?.....

How many sets of keys to the vehicle do you have and where are they now?

Was the vehicle stolen or parts only. If parts only provide details?.....

6. Police Report Details

Has the theft been reported to the police? Yes No If 'Yes', to which police station?

Name of Police Officer Date and time reported

Police file number (Please attach the Police Complaint Form)

7. Recovery Details

Has the vehicle been recovered? Yes No

If 'Yes', when was it found? Where was it found?

Who found it? Where is it now?

Has salvage been arranged? Yes No

If 'Yes', provide details?

Has the vehicle been damaged? Yes No

If 'Yes', provide details?

Have any accessories been removed? Yes No

If 'Yes', provide details?

Is there any other information you can provide relevant to this claim? Yes No

If 'Yes', provide details?

10. Declaration and Privacy

I declare that:

- All the answers in this claim form and on any attachment are complete and correct; and
- I have told DPL Insurance about every matter that I know (or could reasonably be expected to know)

I acknowledge that;

- Personal information concerning me provided to DPL Insurance Limited, and its related or associated companies and my intermediary, whether contained in this claim form or otherwise obtained is provided and may be held, used and disclosed by DPL Insurance and my intermediary
- The information provided in this claim form is held by DPL Insurance, PO Box 33 1248 Takapuna, Auckland 0740 and my intermediary
- I have the right under the Privacy Act 1993 to request access to and to request correction of any personal information held concerning me

I authorise;

- DPL Insurance and its related or associated companies and my intermediary to obtain from any person any information required to perform, or complete any of the purpose in connection with which I have provided personal information to them
- Any such person to release to DPL Insurance and its related or associated companies and my intermediary any personal information that the person holds concerning me that is relevant for the purposes that they are seeking the information

Signature of Driver X..... Date

Signature of Insured X..... Date