



Classic

Stolen or Burnt Vehicle Claim Form

We believe customer service is paramount, particular at claim time. To help us help you, please complete this claim form as soon as you are able. We understand and support your rights as a consumer. If you have any questions regarding the information we are collecting about you, please contact our Motorteam or visit the Privacy Commissioner's website <http://privacy.org.nz/>

✉ **PROTECTA Insurance New Zealand Limited, PO Box 37-371, Parnell, Auckland**

☎ **Free phone 0800 435 7868**

📠 **Facsimile to 09 915 7831**

✉ **Email motorteam@protecta.co.nz**

1) INSURED DETAILS

(Note: If you receive any communication from any party connected with the loss, please forward to us immediately)

Policy Number

Title: ☐ Mr. ☐ Mrs. ☐ Miss. ☐ Ms. ☐ Other Date of Birth Day / Month / Year

First Name Last Name

Address Home Phone Work Phone

..... Mobile Email

2) DETAILS OF LAST PERSON TO USE THE INSURED VEHICLE

Was the Insured the last person to use the vehicle prior to theft or fire?

☐ Yes - Go to next section

☐ No - Complete this section

Title: ☐ Mr. ☐ Mrs. ☐ Miss. ☐ Ms. ☐ Other Date of Birth Day / Month / Year

First Name Last Name

Address Home Phone Work Phone

..... Mobile Email

(a) What is your relationship to the Insured? ☐ Employee ☐ Family ☐ Friend ☐ Other

(b) Did you have the Insured's consent to use the vehicle? ☐ Yes ☐ No

If "No", how did you gain possession of the vehicle?

(c) Do you regularly drive this vehicle ☐ Yes ☐ No If "Yes", how often?

(d) Do you have your own motor vehicle? ☐ Yes ☐ No

(e) Is the vehicle you own insured? ☐ Yes ☐ No If "Yes", which insurer?

3) HISTORY OF LAST PERSON TO USE VEHICLE

Licence Number (5a) Version Number (5b)

Which Vehicle Classes? Issue Date Day / Month / Year

Expiry Date Day / Month / Year

☐ LEARNER

☐ RESTRICTED

☐ FULL

☐ OVERSEAS

☐ NEVER LICENCED

☐ DISQUALIFIED

In the last 5 years, has the last person to use the vehicle:

(a) Had their licence endorsed or suspended? ☐ Yes ☐ No

If "Yes", when and why?

(b) Been refused insurance or renewal, or had a Policy cancelled? ☐ Yes ☐ No

If "Yes", when and why?

(c) Have any previous traffic and non-traffic convictions or pending charges (excl parking)? ☐ Yes ☐ No

If "Yes", when and why?

(d) Been involved in (i) any previous accidents or (ii) suffered any losses? ☐ Yes ☐ No

If "Yes", when and what were the losses? (include accidents or losses which were not claimed under insurance)

4) VEHICLE OWNERSHIP DETAILS

Is the insured the Registered Owner of the Vehicle?

☐ Yes - Go to next section

☐ No - Complete this section

Title: ☐ Mr. ☐ Mrs. ☐ Miss. ☐ Ms. ☐ Other Date of Birth Day / Month / Year

First Name Last Name

Company Name

Address Home Phone Work Phone

..... Mobile Email

5) VEHICLE FINANCE DETAILS

(a) Please advise who has the vehicle ownership papers?

(b) What date was the vehicle purchased? Day / Month / Year

(c) Who was the vehicle purchased from?

(d) What was the purchase price of the vehicle? \$ How much was the deposit? \$

(e) Is the vehicle subject to any Hire Purchase or any other finance arrangements? ☐ Yes ☐ No

(f) If "Yes", please provide full details (include contact and address details of any finance company etc)

6) VEHICLE DETAILS

Make & Model..... Year Registration No.....
Colour..... Engine CC Rating..... Odometer reading at date of loss..... (Km / Miles?)
Engine Type ☐ Carburetor ☐ Fuel Injected ☐ Turbo Charged / Supercharged Transmission ☐ Manual ☐ Automatic ☐ Tiptronic / CVT
VIN No..... Engine No.....
Chassis No.....
Unique identifying features of the vehicle?.....
.....

9) ACCESSORIES

- (a) Were there any accessories fitted to the vehicle at the time of the loss? ☐ Yes ☐ No If "Yes", please state value \$
- (b) Please list accessories
.....

8) VEHICLE MODIFICATIONS, WHEELS & TYRES

- (a) Has the vehicle been modified in any way? ☐ Yes ☐ No If "Yes", please state value \$
- (b) Please list modifications
.....
- (c) What type of wheels does the vehicle have? ☐ Manufacturer's standard ☐ Mag Wheels ☐ Other
- (d) If, "Other", please describe
.....

9) VEHICLE CONDITION

- (a) Did the vehicle have any existing damage prior to this loss occurring? ☐ Yes ☐ No
- (b) If "Yes", please describe damage
.....
- (c) Please give a brief description of the condition of the following components (e.g. New, Good, Average for Age, Poor etc)
- | | | |
|---------------------------------|--------------------------|------------------|
| Paintwork..... | Bodywork / Chassis | Engine |
| | Seats | Suspension |
| Transmission / Drivetrain | Upholstery | Steering..... |
- (d) Please describe condition of wheels and tyres (e.g. New, Good, Average for Age, Poor etc)
- | | | | |
|-----------------|-------------------|----------------|------------------|
| Left Front..... | Right Front | Left Rear..... | Right Rear |
|-----------------|-------------------|----------------|------------------|

10) KEYS, LOCKS, ALARMS & IMMOBILISER

- (a) Were all the doors locked and windows closed? ☐ Yes ☐ No
- (b) Describe where the keys were to the vehicle when the loss occurred?
- (c) Do you have all the sets of keys for your vehicle? ☐ Yes ☐ No If "Yes", please provide serial numbers:
Ignition Key Serial No..... Fuel Cap Serial Number.....
If "No", where are the keys? (If unknown, state unknown)
- (d) Did anyone else have a set of keys to your vehicle? ☐ Yes ☐ No If "Yes", please give details below
- | | |
|---|--|
| Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Ms. <input type="checkbox"/> Other..... | Date of Birth ..Day../..Month../..Year.. |
| First Name..... | Last Name..... |
| Address..... | Home Phone Work Phone |
| | Mobile Email |
- (e) Did anyone else regularly use the vehicle, but not have keys? ☐ Yes ☐ No If "Yes", please give details below
- | | |
|---|--|
| Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Ms. <input type="checkbox"/> Other..... | Date of Birth ..Day../..Month../..Year.. |
| First Name..... | Last Name..... |
| Address..... | Home Phone Work Phone |
| | Mobile Email |
- (f) Was the vehicle fitted with an alarm / immobiliser? ☐ Yes ☐ No
- (g) If "Yes" to question (f), what make and model no is the alarm / immobiliser?
- (h) If "Yes" to question (f) was the alarm / Immobiliser activated? ☐ Yes ☐ No

11) DESCRIBE HOW THE LOSS HAPPENED

- (a) When was the vehicle last seen? ..Day../..Month../..Year.. Time ..Hours../..Mins.. ☐ AM ☐ PM
- (b) What was the vehicle being used for immediately before the loss? ☐ Business ☐ Personal
Please provide details of the purpose of use.....
.....
- (c) Where was the vehicle last seen parked? ☐ Garage ☐ Carport ☐ Driveway ☐ Road side ☐ Parking Area ☐ Carpark ☐ Other
- (d) Where did the loss occur? (Name the street, town, city etc)
.....
- (e) When did you discover the loss had occurred? ..Day../..Month../..Year.. Time ..Hours../..Mins.. ☐ AM ☐ PM
- (f) How did you find out the loss had occurred?
- (g) Was the vehicle stolen, or parts only stolen? ☐ Vehicle stolen ☐ Only parts stolen ☐ Fire (not applicable)
- (h) If parts only stolen, please give details of stolen parts?
.....

12) RECOVERY

- (a) Do you know if the vehicle has been recovered? ☐ Yes – Complete this section ☐ No – Go to next section

What date was the vehicle recovered? Day / Month / Year

- (b) Where was the vehicle recovered from or found?
- (c) Who found the vehicle?
- (d) Where is the vehicle now?
- (e) Is the vehicle damaged? ☐ Yes – Please describe damage
- (f) Have any accessories been removed? ☐ Yes – Please describe accessories removed
- (g) Do you have suspicions as to who the offender might be? ☐ Yes – Please provide suspects details
- Title: ☐ Mr. ☐ Mrs. ☐ Miss. ☐ Ms. ☐ Other Date of Birth Day / Month / Year
- First Name Last Name
- Address Home Phone Work Phone
- Mobile Email

13) SERVICE HISTORY

- (a) Who did the last service on the vehicle?
- (b) What date and odometer reading was the last service done at? Day / Month / Year Odometer reading (Km / Miles?)
- (c) Where is your vehicle usually serviced?
- (d) Do you have any copies of your servicing invoices/accounts? ☐ Yes ☐ No
- (e) Did your vehicle have a current Warrant of Fitness Certificate? ☐ Yes ☐ No
- (f) If "Yes", where was the Warrant of Fitness obtained?
- (g) When does the Warrant of Fitness expire? Day / Month / Year
- (h) Did you vehicle use extra oil between services?
- (i) If "Yes", how much oil every 1,000km/miles Each month Each fuel fill
- (j) Did the vehicle run well ☐ Yes ☐ No If "No", please give details of any problems

14) POLICE REPORT

- (a) Has the loss been reported to the Police? ☐ Yes ☐ No If "No", it must be reported to the Police
- (b) Is a Police Complaints form attached to this claim form? ☐ Yes ☐ No If "No", please complete details below
- (c) Loss reported by (Name of person that reported loss) on Day / Month / Year
- at (Name of Police Station) to (Name of attending Police Officer)
- Complaint Reference No

15) OTHER INFORMATION THAT MAY HELP?

- (a) Is there any other information that you believe may assist us with your claim, please provide details here
- (b) Please tick any of the following documents that you can provide us and supply with this claim form:
- ☐ Ownership Papers ☐ Latest Warrant of Fitness Check Sheet ☐ Service Manual ☐ Receipts for Servicing (invoices) ☐ Owners Manual
- ☐ Other documents, please give details

16) STATUTORY DECLARATION

This is a statutory declaration under the Oaths and Declarations Act 1957. It is a criminal offence to sign this declaration knowing that any of the statements you have provided are not true. It must be witnessed by one of the people listed below:

I (Full name)

of (Address)

..... (Occupation)

Solemnly and sincerely declare on behalf of all insured's that: All information given in connection with this claim (whether oral or written) is true and correct; and no information relevant to the claim has been withheld **AND** I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957. **I/WE authorise** the disclosure to Allianz Australia Insurance Limited of personal information held by any other party regarding any previous insurance of whatever kind or any previous claim under such insurance or any matter Allianz Australia Insurance Limited may reasonably regard as relevant to my/our insurance or any claim made under this insurance. **I/WE authorise** Allianz Australia Insurance Limited to release to other parties any information which Allianz Australia Insurance Limited holds relevant to my/our insurance or any claim made under this insurance. **I/WE authorise** Allianz Australia Insurance Limited to use personal information that it obtained in connection with this insurance or any claim on this insurance for any other purpose in respect of which this personal information may be relevant.

DECLARED at this day of year

Signature of All Insured's

Before me

Justice of the Peace / Solicitor / Registrar or Deputy Registrar of High or District Court / a person authorised by Section 9 of the Oaths and Declarations Act 1957.

Pursuant to the PRIVACY ACT 1993 the following is brought to your attention:

1. This claim form and any further enquiries we make of you in order to consider your claim is the collection of personal information about you;
2. The information is collected to evaluate your claim;
3. The intended recipient of the information is Allianz Australia Limited ABN 15 000 122 850 (Incorporated in Australia) trading as Allianz New Zealand of Level 1, 152 Fanshawe Street, Auckland 1010.
4. The information is being collected and held by PROTECTA Insurance New Zealand Limited of PO Box 37-371, Parnell, Auckland.
5. The collection of this information is required pursuant to your insurance policy and is mandatory;
6. The failure to provide this information may result in your claim being declined, or your insurance being void from the beginning.