



## Stolen or Burnt Vehicle Claim Form



In this claim form, we are collecting information to enable us to evaluate your claim. Under the Privacy Act 1993 we are required to inform you about certain rights and obligations relating to the information which we are collecting. This is in the declaration at the end of the form. We recommend that you read it before continuing.

- The issue of this form does not constitute an admission of liability and is issued without prejudice.
- Please return this form promptly and make sure that all questions are fully answered.
- No liability is to be admitted to a third party.
- No repairs are to be done without our permission.
- If you receive any communication in any way connected with the loss please forward to us immediately.

Please return this completed form to: **PROTECTA Insurance New Zealand Limited, PO Box 37-371, Parnell, Auckland**  
Or by facsimile to (09) 915 7831 Email: [motorteam@protecta.co.nz](mailto:motorteam@protecta.co.nz)

**POLICY NUMBER:** .....

<b>A. THE INSURED</b>	1. Name of Insured: .....
	2. Postal Address: .....
	3. Contact Phone No Home: ..... Contact Phone No Work: .....
	4. Alternative contact: ..... email .....
<b>B. DETAILS OF RIDER OR LAST PERSON TO USE VEHICLE</b>	1. What is Date of Birth of the rider (or last person to use the vehicle)? ..... Female <input type="checkbox"/> Male <input type="checkbox"/>
	2. Was this the person shown under Part A? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>
	If the answer is "Yes" please go straight to Part C. If the answer is "No" please answer questions 3-8
	3. Full Name: .....
	4. Postal Address: .....
	5. Best contact Phone No: ..... Best time to contact: .....
	6. Relationship to the Insured: Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other <input type="checkbox"/> (give details) .....
	7. Did the rider have the owner's permission to use the vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>
	8. Does the rider have any motor vehicle insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>C. RIDER'S HISTORY</b>	1. In the past 5 years has the rider (or last person to use vehicle):
	(a) been involved in a motor accident? Yes <input type="checkbox"/> No <input type="checkbox"/>
	(b) been convicted of a driving offence (including speeding) or issued with an offence notice? Yes <input type="checkbox"/> No <input type="checkbox"/>
	(c) been disqualified from driving or had their licence endorsed cancelled or suspended? Yes <input type="checkbox"/> No <input type="checkbox"/>
	2. Has the rider ever been refused vehicle insurance or had a policy cancelled or not renewed? Yes <input type="checkbox"/> No <input type="checkbox"/>
	IF ANY ANSWER IS "YES" PLEASE ATTACH FULL DETAILS ON A SEPARATE PIECE OF PAPER
<b>D. RIDER'S LICENCE</b>	Licence Number : ..... Learner <input type="checkbox"/> Restricted <input type="checkbox"/> Full <input type="checkbox"/> Date Issued .....
	Classes: .....
	Any Special Licence Conditions: .....
<b>E. INSURED VEHICLE</b>	1. Make: ..... 9. Colour: .....
	2. Model: ..... 10. Engine Rating: .....
	3. Year: ..... 11. Engine Type: Carburettor <input type="checkbox"/> Fuel Injected <input type="checkbox"/> Turbo Charged <input type="checkbox"/>
	4. Mileage: ..... 12. Transmission: Manual <input type="checkbox"/> Automatic <input type="checkbox"/>
	5. Registration Number: ..... 13. Japanese 2 <sup>nd</sup> Hand Import: Yes <input type="checkbox"/> No <input type="checkbox"/>
	6. Vin Number: ..... 14. Has the vehicle been modified from the manufacturer's
	7. Chassis: ..... standard design or specification? Yes <input type="checkbox"/> No <input type="checkbox"/>
	8. Engine Number: .....
	If "Yes" to question 14, please give details .....
	.....

**F. OWNERSHIP AND FINANCE**

- Who is the Registered Owner on the Vehicle Ownership Papers?  
.....
- Is the vehicle subject to any Hire Purchase or any other finance arrangements? Yes ☐ No ☐  
If "Yes" please give full details (include the contact address of any finance company etc).  
.....
- Who has the ownership papers? .....
- When did you buy the vehicle? .....
- Who did you buy it from? .....
- How much did you pay for it? \$..... How much was your deposit? \$ .....

**G. HOW THE LOSS HAPPENED**

- When did you last see the vehicle? Day ..... Date..... Time..... AM ☐ PM ☐
- Where did it happen? (street and town) .....
- Where was the vehicle parked? garage / carport / driveway / parking area / roadside / car park / other .....
- What purpose was the vehicle being used immediately before the loss? .....
- Were all the doors locked and the windows closed? Yes ☐ No ☐
- Where were the keys to the vehicle when the theft occurred?  
.....
- Where are all the sets of keys now?  
.....
- When did you discover the theft had occurred?  
.....
- Was the vehicle stolen, or parts only?  
.....
- If parts only, please give details  
.....
- Does the vehicle have an alarm / immobiliser fitted? Yes ☐ No ☐
- If yes, make/model no.  
.....
- If "Yes" to question 11, was the alarm / immobiliser activated? Yes ☐ No ☐

**H. POLICE REPORT**

- Has the loss been reported to the Police? Yes ☐ No ☐ If "No", it must be reported to the police and question 2 answered
- Is a Police Complaint Acknowledgement attached? Yes ☐ No ☐ If "No" please complete the details below  
Reported by ..... at (Station Name) .....  
on ..... Complaint Ref. No ..... Name of Attending Officer .....

**I. USE AND GENERAL CONDITION**

- What was the vehicle mainly used for? Private ☐ Business ☐
- Was the vehicle already damaged before the loss or theft happened? Yes ☐ No ☐  
If "Yes", please give details of existing damage .....
- Please give a brief description of the condition of each of these (eg good, average for age, poor etc)  
Engine ..... Paintwork .....  
Gearbox ..... Seats .....  
Transmission ..... Suspension .....  
Steering ..... Body Areas .....

**J. WHEELS AND TYRES**

- Tyres: Please give details for each tyre  

	Date Purchased	New or Used	Approximate Km Travelled
Front	.....	.....	.....
Rear	.....	.....	.....
- What type of wheels did the vehicle have? Manufacturer's Standard ☐ Mag Wheels ☐ Other ☐  
If "Mag Wheels" or "Other" please give details .....

**K. VEHICLE  
ACCESSORIES**

1. Were there any other accessories fitted to your vehicle at the time of the loss? Yes ☐ No ☐

If "Yes", please give details .....

.....

**L. KEYS**

1. Do you have the keys for your vehicle? Yes ☐ No ☐ If "Yes", please give the serial numbers below  
Ignition ..... Fuel Cap .....

If "No", where are they? .....

2. Did anyone else have keys to the vehicle? Yes ☐ No ☐

If "Yes", please give their details (name, address, contact phone)

.....

.....

3. Did anyone else regularly use the vehicle, but not have a set of keys? Yes ☐ No ☐

If "Yes", please give their details (name, address, contact phone)

.....

**M.  
RECOVERY**

1. Has the vehicle been recovered? Yes ☐ No ☐, If "Yes",

2. When was it found?

.....

3. Where was it found?

.....

4. Who found it?

.....

5. Where is it now?

.....

6. Is it damaged? Yes ☐ No ☐ If "Yes" – details

.....

7. Have any accessories been removed? Yes ☐ No ☐ If "Yes" – details

8. Have you any suspicions as to who the offender might be? Yes ☐ No ☐ If "Yes" – details

**N.  
SERVICE  
HISTORY**

1. Who did the last service on the vehicle? ..... Date: ...../...../.....

2. Where was your vehicle usually serviced? .....

3. Do you have copies of your servicing invoices/accounts? Yes ☐ No ☐

4. Did the vehicle have a current Warrant of Fitness Certificate? Yes ☐ No ☐

If "Yes", where was the WoF obtained? ..... When does the WoF expire? .....

5. Did your vehicle need extra oil between services? Yes ☐ No ☐

If "Yes", how much? every 1,000 Km ..... each month ..... each petrol fill.....

6. Did your vehicle run well? Yes ☐ No ☐ If "No", please give details of any problems .....

.....

**O. OTHER  
DETAILS**

1. Is there any other information which would help us with your claim? Yes ☐ No ☐

If "Yes", please give details .....

.....

.....

.....

2. Please tick any of the following documents you can give us, and supply them with this form:

Ownership Papers ☐ Latest Warrant of Fitness Check Sheet ☐ Service Manual ☐ Receipts for Servicing ☐

Owner's Manual ☐ Other ☐ please give details .....

.....

.....

.....

**P. 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:**

- (a) all information given in connection with this claim (whether oral or written) is true and correct; and
- (b) 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 Insureds .....

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 Insurance 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.

You have rights of access to and correction of this information subject to the provisions of the Privacy Act 1993.