

CLAIM FORM

Motor vehicle theft

If you need any help with this form, please contact Sherpa Insurance Brokers & Advocates.
If you supply any untrue or false information and know that it is not true the insurer shall have the right to refuse the claim.
Please answer all the questions on this form. If a question does not apply to your claim, please answer "N/A".
You must not incur any expense (unless it is to minimise the loss), or admit fault, without the insurer's permission.

A. The insured

Name: _____
Postal address: _____
Best contact phone number: _____
Email: _____
Insurer: _____ Policy number: _____

If your claim is accepted and you wish to be paid direct into your account, please fill out the details below:

Bank Account:

B. Details of driver or person in charge

1. Full name of driver/person in charge of the vehicle before the theft: _____
Postal address: _____
Best contact phone number: _____

2. Did the last person to use the vehicle have the owner's permission? Yes No

C. History for person in charge of the vehicle

1. Has this person ever been refused vehicle insurance or had a policy cancelled or not renewed? Yes No

2. In the past five years have they:

(a) been involved in a motor accident? Yes No

(b) been convicted of a driving offence or issued with an offence or infringement notice (including speeding)? Yes No

(c) been disqualified from driving or had license endorsed, cancelled or suspended? Yes No

If you answered "YES", to any of the questions above, please provide details:

D. The insured vehicle

1. Year: _____ Make: _____ Model: _____ Reg. no.: _____
2. Does the vehicle have an alarm / immobiliser? Yes No
If "YES", please provide details: _____
(a) Was the device factory standard? Yes No
(b) Was the device active at the time of theft? Yes No
3. Does the vehicle have a tracking device? Yes No
4. Did your vehicle have any identifying features? (eg: stickers, badges, sign writing) Yes No
If "YES", please provide details: _____
5. Was the vehicle modified in any way since manufacture? This includes stereos and after-market wheels. Yes No
If "YES", please provide details: _____
(a) Item: _____ Date fitted: _____
(b) Item: _____ Date fitted: _____
(c) Item: _____ Date fitted: _____
6. Did the vehicle have a current Warrant of Fitness? Yes No
If "NO", please explain why the vehicle did not have a Warrant of Fitness: _____

7. Was there any existing damage to the vehicle? Yes No
If "YES", please provide details: _____
8. Were there any existing mechanical issues? Yes No
If "YES", please provide details: _____
9. Is there any other insurance on this vehicle or accessories? Yes No
If "YES", please provide details: _____
10. Have you been trying to sell the vehicle? Yes No
If "YES", please provide details: _____

E. Ownership and finance

1. Who is the registered owner? _____
2. Is the vehicle subject to any hire purchase or any other finance arrangements? Yes No
If "YES", please provide details below:
(a) Finance company name: _____

F. How the loss happened

1. When did the loss happen? Date: _____ Time: _____ AM PM
2. Where was the vehicle parked? (Please give the full address or details of the location):

3. When was the vehicle parked? Date: _____ Time: _____ AM PM
4. Was the vehicle securely locked? Yes No
If "NO", please provide details: _____
5. Who discovered the theft? _____
6. Are there signs of forced entry or tampering with the ignition?
If "YES", please provide details: _____
7. How did you find out the vehicle was stolen? _____

G. Keys

1. Do you have the keys for your vehicle? Yes No
If "NO", where are they? _____
2. How many sets of keys are there for the vehicle? _____
3. Where were the keys at the time of the theft? _____
4. Where are the keys now? _____
5. Did anyone else have keys to the vehicle? Yes No
If "YES", please give their details (name, address, contact phone): _____

H. Police report

1. Has this loss been reported to the Police? Yes No
If "NO", it must be reported to the Police.
2. Is a Police Complaint Acknowledgment attached? Yes No
If "NO", please provide the details below:
Reported by: _____ Date: _____
To (station name): _____ Complaint ref no.: _____
Name of attending officer: _____
3. Do you know who the offender is or do you suspect someone? Yes No
If "YES", please provide details: _____

I: Other equipment

1. Please indicate if any accessories were in or attached to the vehicle at the time of theft and provide details (make, model, age, serial numbers etc):

Radar detector Roof rack or carrier Child safety seat Other

Item details: _____

J. Recovered vehicles

Only complete Part J if the vehicle has been recovered

1. What date was the vehicle recovered? _____

2. How long was the vehicle missing? _____

3. Please indicate the condition of the vehicle when it was recovered:

No apparent damage Vandalised Burnt out Flooded Stripped Damaged in accident

4. Is the car still drivable? Yes No

5. Where is the vehicle located at present? _____

K. Declaration and signature

I declare that:

1. I authorise the insurer to move the vehicle for the purpose of examination and assessment (if applicable).
2. Material facts
 - (a) All information given to Sherpa Insurance Brokers & Advocates in connection with this claim (whether oral or written) is true and correct;
 - (b) No information relevant to the claim is omitted.
3. Use of information
 - (a) My personal information collected by Sherpa Insurance Brokers & Advocates in connection with this claim may be:
 - (i) disclosed to other members of the insurance industry and Insurance Claims Register Limited;
 - (ii) disclosed to parties repairing or replacing the subject matter of the claim;
 - (iii) disclosed to parties who have a financial interest in the subject matter of the policy;
 - (b) My personal information held by any other parties in connection with this claim may be disclosed to the insurer.

Please note:

- The insurer will gather information about you (including your claims history) to consider your claim. The terms of your insurance policy require you to supply this information, and if you do not to provide it, or if you provide any false or untrue information, your claim may be declined.
- Your claims history is passed onto, and held by, Insurance Claims Register Limited. This enables other insurers you deal with to access it, and prevents fraudulent claims.

Signed by driver/person in charge: _____ Signature date: _____

Full name: _____

Signed on behalf of all insureds: _____ Signature date: _____

Full name: _____