

Policy Number:

Claim Number:

IMPORTANT – Please read before completing this form

CLIC Car Insurance Limited intends to pay genuine claims quickly and fairly. Please take your time to answer the questions carefully and accurately.

If you require any assistance in completing this claim form, please contact CLIC Car Insurance on 0800 CAR LOVE (0800 227 5683).

Caution: Your claim could be refused if you give false or misleading information, or withhold information you should have told us.

Privacy Act

The information you supply is needed to allow us to consider your claim. You have the right to request access to the information held by CLIC Car Insurance Limited about you and you may ask for it to be corrected in accordance with the Privacy Act 1993.

A Policyholder details

Title Mr Mrs Miss Ms Other _____

First name/s _____ Last name / Corporate name _____

Date of birth D / M / Y

Residential address _____

Postal address (if different) _____

Telephone number (business) () _____ (home) () _____
(cell phone) () _____

Email address _____ Preferred method of contact _____

B Ownership details

1. Is the policyholder the registered owner? Yes No

If 'No', give owner's name _____

2. Is the vehicle leased? Yes No

If 'Yes', give details _____
(name and address of lease company)

3. Does any person or company have a financial or security interest in the vehicle? Yes No

If 'Yes', give details _____

(name) (postal address) (amount outstanding)

4. Is there any other insurance policy covering this vehicle or its accessories? Yes No

If 'Yes', give details _____

5. Have you offered the vehicle for sale in the last 12 months? Yes No

If 'Yes', give method used to advertise _____

6. Have you sought valuations or trade-in estimates in the last 12 months? Yes No

If 'Yes', from who, why and with what result? _____

C Vehicle details

Year _____ Make & model _____ Registration number _____

D Person in charge

7. a Was the policyholder the last person in charge of the vehicle before it was stolen? Yes No
If 'Yes', go to question 11
- b If 'No', did you give the person in charge permission to use the vehicle? Yes No

Please ensure the rest of this form is completed by the person in charge of the vehicle at the time of loss.

8. Title Mr Mrs Miss Ms Other
First names _____ Last name _____
Date of birth / /
Address _____
Telephone number (business) () (home) ()
(cell phone) ()

9. Your relationship to policyholder _____

10. Did the policyholder know you were using the vehicle? Yes No

11. Do you hold a current driver licence for this type of vehicle? Yes No Years licensed _____

If 'Yes', please tick type: NZ full NZ restricted NZ learner Overseas country _____

12. Driver licence number _____ (please attach a copy of your licence to this claim form)

13. In the last 7 years, have you been involved in a vehicle accident, fire or theft whether a claim was made or not? Yes No

If 'Yes' please give details:

Date _____ Insurance company _____ \$Cost _____
 / /

What happened? _____

Date _____ Insurance company _____ \$Cost _____
 / /

What happened? _____

(if you require more space, please continue on page at the back of this form)

14. In the last 7 years have you:

a) had a conviction or been fined or are awaiting prosecution for any **traffic** offence (other than parking)? Yes No

b) had a conviction or are awaiting prosecution for any **criminal** offence? Yes No

If 'Yes' to a) or b) please give details:

Date _____ Offence _____ Penalties _____
 / /

 / /

 / /

(if you require more space, please continue on page at the back of this form)

E Type of loss

15. Has your complete vehicle been stolen? Yes, go to section 'F' No

16. Has a part of your vehicle been stolen or damaged during an attempted theft? (e.g. accessory) Yes No

If 'Yes' please give details of the part(s) stolen from the vehicle or damaged:

Part stolen/damaged	Fitted to vehicle?	When and where purchased	Purchase price
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

F Theft details

17. Date, day and time your vehicle was last sighted (prior to theft)

Date D / M / Y Day of the week _____ Time _____ am/pm

18. Where was the vehicle parked when the theft took place? (give full description of the location)

19. Where were you going when you left your vehicle? _____

20. Who was with you when you left your vehicle? Name _____

Address _____

Telephone number () _____

21. Date and time you believe theft happened?

Date D / M / Y Day of the week _____ Time _____ am/pm

22. Date and time theft was discovered?

Date D / M / Y Day of the week _____ Time _____ am/pm

23. Who discovered the theft? Name _____

Address _____

Telephone number () _____

24. Who was with this person when the theft was discovered? Name _____

Address _____

Telephone number () _____

25. How did you return home after discovering the theft? (e.g. taxi, bus, friends, please give full details)

G Security

26. Were all the vehicle doors closed and locked? Yes No

27. Were all the windows fully wound up? Yes No

28. Were the keys in the ignition? Yes No or in or about the vehicle? Yes No

If 'Yes', give details _____

29. How many sets of keys do you have and where are the keys now?

30. Does the vehicle have any form of additional security? (e.g. alarm, steering lock etc) Yes No

If 'yes', give details _____

If 'yes', was it being used? Yes No

H Report to the police

31. Was the loss or damage reported to the police? Yes No

If 'No', please report your loss to the police and then complete this section

If 'Yes', please complete the following:

32. How did you notify the police? Visited Police Station _____

Telephone

33. Day, date and time reported: Day _____ Date D / M / Y Time _____ am/pm

34. Name of officer _____

35. Police file number _____

(please attach the Police Complaint Acknowledgement form)

K Recovered vehicle

42. Has the vehicle or stolen part been recovered

Yes No **if no, go to section 'L'**

If 'Yes', where was it found? _____ By whom: _____

43. Date and time found: Date D / M / Y Time _____ am/pm

44. Police station and officer attending to recovery: _____

45. Where is the vehicle/part now? _____

46. Please indicate areas of damage (*use diagram provided*).

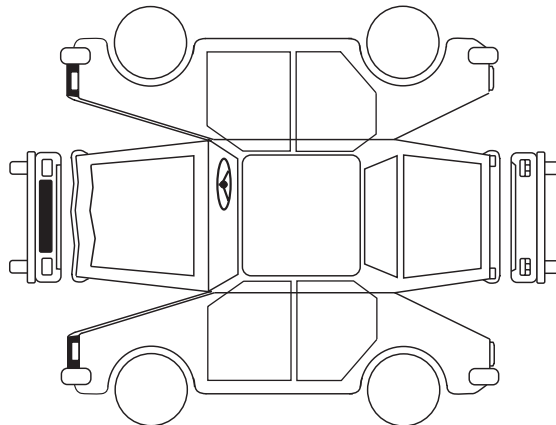
47. Arrangements for our inspection and preferred panel-beater:

Give repairer's name _____

Repairer's phone number (____) _____

Inspection of damaged vehicle:

- At repairer now
 Repairer to phone CLIC Car Insurance when available.



L Further information

Is there any other information that we should know which might affect the acceptance of this claim?

Yes No

If 'Yes', please give details:

M Declaration

I confirm that:

1. The answers given are entirely true and correct and that I have not withheld any information relevant to the acceptance of this claim.
2. I understand that this claim may be refused if any answer is untrue or any relevant information is withheld or not disclosed.
3. CLIC Car Insurance Limited is authorised to give to or obtain from any party (including but not restricted to credit reference checking agencies and the NZ police) any information that in CLIC Car Insurance's view is relevant to this claim.
4. I accept the information contained in this document, and other information I supply in support of my claim, will be held by CLIC Car Insurance Limited and AMI Insurance Limited and that outside contractors and agents engaged by CLIC Car Insurance Limited may use the information for the purposes of the assessment of my claim.

Signature of driver (or person in control) _____ Date D / M / Y

Signature of policyholder _____ Date D / M / Y

