

Farm Cover Theft of Vehicle/Accessories Claim Form

This form collects personal information about you so we can consider your claim and update your insurances. It will be held by Monument Insurance (NZ) Limited who handles your claim. It may also be held by Lumley, a business division of IAG New Zealand Limited P O Box 2426, Auckland 1140. You may request access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

The collection of this information by Monument Insurance (NZ) Limited is required under the terms of your insurance policy.

Failure to provide this information may result in your claim being declined.

PERSONAL DETAILS

Insured Name:	Contact Phone:
Email:	Facsimile:
Address:	
Finance Details:	Facsimile:

LOSS DETAILS

1. Particulars of vehicle:	Year:	Make:	WOF Exp.
	Model:	Reg.No.	Reg.Exp.
2. When stolen?	Time:	am/pm	Date:
3. Has vehicle / accessories been recovered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where:	By Whom:
4. Is the vehicle mobile? If "No", state where it is.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where:	
5. What damage is there to the vehicle? (see Q27 for accessories)			
6. Has the vehicle; or its engine been modified since manufacture? If "Yes" give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Details of existing defects or damage:	Engine:	Interior:	
	Body work:	Tyres:	
8. Who usually services your vehicle?	Name:	Phone:	
	Date last serviced:		
9. Who parked the vehicle prior to the theft?	Name:	Date of Birth:	
	Address:	Phone:	
10. Where was the vehicle parked?	Address:		
	<input type="checkbox"/> Garage/Carport <input type="checkbox"/> Parking area <input type="checkbox"/> Driveway <input type="checkbox"/> Roadside <input type="checkbox"/> Other:		
11. Why was the vehicle left there?			
12. When did you last see the vehicle?	Time:	am/pm	Date:
13. When did you know the theft had occurred?	Time:	am/pm	Date:
14. Was the vehicle fully locked and secure? If "No" give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
15. How many sets of keys were there for the vehicle?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more, please give exact number:		
16. Where were each set of keys when the theft occurred?			
17. Was the loss reported to the Police?	<input type="checkbox"/> Yes	Police Station:	When reported:
	<input type="checkbox"/> No	By whom:	Police File No:

If the answer is "Yes" for questions 18 to 26 inclusive please supply full details.

18. Have you any idea whom the offender was?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Is there any other insurance on the vehicle or accessories?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Are you behind in your Finance / Hire Purchase payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Have you any indication how entry was gained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Since owning this vehicle have you had it insured with any other insurance company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Have you been trying to sell the vehicle or accessories?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Have you had any motor vehicle accidents or losses in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Have you had any traffic or criminal convictions in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Have you any other information relevant to this claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No

27. Stolen Vehicle Accessories					
Item	Make & Model	Serial No.	Purchased From	Age	Present Purchase

Please attach receipts, guarantees or other documents which support ownership or value, as well as any quotation that may support your claim.

DECLARATION

I declare that to the best of my knowledge the details given in this claim form are true.

I undertake to render all possible assistance in connection with this claim.

I agree that Crombie Lockwood (NZ) Limited and Lumley, a business division of IAG New Zealand Limited with whom I am insured may give to or obtain from appropriate individuals or organisations information relevant to this claim.

I agree that the insurance company with whom I am insured may give to or obtain from ICR details of information relevant to this claim. (The Insurance Claims Register Ltd (ICR) holds details of claims under policies issued by participating insurers. Participating insurers can check details of your claims history on the ICR.)

Signed:	Signed:
Insured _____	Person in control of the vehicle _____
Date: _____	Date: _____

Direct Credit Option:

Please complete Bank Account details below. Where applicable, payment will be made direct to your account.

Bank	Branch Number	Account Number	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Name: <input type="text"/>			

Please complete only if requested:

I _____ of _____ (Address)
 _____ (occupation) _____ solemnly and sincerely declare that all the information set out above is true and correct and I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Signed: _____

Declared at _____ this _____ day of _____

Before me: _____
 Justice of the Peace / Solicitor of the High Court of New Zealand / Person authorised to take Statutory Declarations