

Attached is the claim form that you will need to fill in and send back to claims@kiwibike.co.nz

PLEASE CAREFULLY READ THROUGH THE FOLLOWING INFORMATION – This information will help assist us to process your claim promptly and avoid delays.

To support your claim please provide the following information

- 1) A copy of your driver's licence - front and back
- 2) Police Acknowledgment Document

PLEASE MAKE SURE THE DOCUMENTS HAVE BEEN SIGNED IN THE REQUIRED AREAS AND HAVE BEEN SIGNED/WITNESSED BY A SOLICITOR, JUSTICE OF THE PEACE OR OTHER PERSON AUTHORISED TO TAKE A STATUTORY DECLARATION.

If you have any questions, do not hesitate to contact us, we are here to help.



STOLEN VEHICLE QUESTIONNAIRE

To enable us to promptly consider your claim, please complete and return this form immediately.

NB: Please answer all questions. Write N/A or Nil if necessary. Use extra pages if necessary. Tick, circle or delete where applicable. Sign each page, two signatures if jointly owned.

Please make the Statutory Declaration on the final page.

1. Owners full name: _____

Address: _____

Contact telephone number/s: Bus: _____ Pvt: _____ Mob: _____

2. Usual drivers full name: _____

Address: _____

Contact telephone number/s: _____

3. Insured in the name of: _____

4. Type (i.e. motor car/station wagon/utility, etc): _____

5. Registration number: _____ Year: _____

6. Make: _____ Model: _____

7. H.P. or CC rating: _____ Kms: _____

8. Transmission: manual (3 speed/4 speed/5 speed/overdrive) automatic: _____

9. VIN No. (chassis, frame): _____

10. Engine number: _____

11. Verified from: _____

(NB: Certificate of Reg. It is important to be accurate when quoting these numbers.)

12. Power steering: Yes/No

13. Air conditioning: Yes/No

14. CNG: Yes/No LPG: Yes/No

15. Colour when stolen (detailed): _____

16. Colour changes made by present owner: _____

SIGNED: _____ DATED: ____/____/____

17. Details of previous damage and repairs (where on vehicle, who repaired, when):

18. Damage existing at time stolen: _____

19. Tyre tread (ie good/average/worn): RH/F: _____ RH/R: _____

LH/F: _____ LH/R: _____ Spare: _____

20. Wheel assemblies (ie colour/identifying features/mags/standard?): _____

21. Radio/stereo unit make and model: _____

Where fitted in vehicle: _____ How fitted: _____

Speaker location - make/type: _____

22. Interior trim; colour/material/type (include seats/door panels and dashboard):

23. Seat belts; type/make/condition: _____

24. Other vehicle accessories; stickers, badges, additional items, inside or outside, age, make condition and serial numbers (where applicable):

Item: _____ Age: _____

Item: _____ Age: _____

Item: _____ Age: _____

Item: _____ Age: _____

Item: _____ Age: _____

SIGNED: _____ DATED: ____/____/____

25. Floor mats/carpets; make/type/colour: _____

26. Contents of glove compartments/trays/door pockets: _____

27. Description of other property in vehicle (how identifiable):

Item: _____ Age: _____

Item: _____ Age: _____

Item: _____ Age: _____

Item: _____ Age: _____

28. The vehicle was last serviced by: _____

Date of service: _____

29. The vehicle is usually serviced by: _____

30. Copies of previous repair/service accounts:

a) Are attached. b) Cannot be supplied. c) Other: _____

31. The Warrant/Certificate of Fitness was obtained from:

_____ Date : / /

32. The C.O.F./W.O.F. expires on: _____

33. The condition of the following (i.e. good, fair, poor):

a) Engine : _____

b) Gearbox : _____

c) Transmission/Differential : _____

d) Suspension : _____

e) Steering : _____

f) Body (rust? Poor repairs?) : _____

g) Paintwork (faded/patchy) : _____

SIGNED: _____

DATED: / /

h) Seats : _____

i) Door/trim/pulls : _____

j) Dash top (cracked?) : _____

34. Did the engine use oil? Yes/No

35. If yes, how much? i. Per 1000 km: _____ ii. Per month: _____

iii. Per petrol fill: _____

36. Did the vehicle run well: Yes/No Details: _____

37. How many sets of keys were there for the vehicle? _____

38. Where held and by whom at time of theft (name, address, telephone number/s):

39. Where are all vehicle keys now? (Please produce them if required):

40. Date of Loss:

If stolen, when was the vehicle last seen: _____

When loss discovered: _____

41. The vehicle was stolen from: _____

42. The last person to use the vehicle was: _____

43. Were the windows wound up: Yes/No

44. If not, why not: _____

45. Were the doors locked: Yes/No

46. If not, why not: _____

SIGNED: _____ DATED: / /

- 47. Does the vehicle have a steering lock: Yes/No
- 48. If yes, was it activated: Yes/No
- 49. Does the vehicle have an alarm system? Yes/No
Was it set at time of theft? Yes/No
If not, why not?_____
- 50. Was the boot/tailgate/luggage compartment locked: Yes/No
- 51. If no, why not:_____
- 52. Have you offered the vehicle for sale in the past 12 months?: Yes/No
- 53. If yes, what was the first asking price: \$_____ Last asking price?: \$_____
- 54. For how long was the vehicle for sale?:_____
- _____
- 55. If somebody was due to purchase it please provide their name, address and any contact telephone number/s:

- 56. Vehicle mainly used for: _____
- 57. Please give a summary of your movements and activities in the 12 hours prior to the vehicle loss: _____
- _____
- _____
- 58. Is the vehicle subject to any hire purchase or any other finance arrangements: Yes/No
- 59. If yes, to whom:_____
- Postal address:_____
- Telephone Number/s:_____
- Contract/policy number:_____
- Repayments: \$_____ (weekly/fortnightly/monthly)

SIGNED: _____ DATED: / /

60. Date of purchase: ____/____/____

61. Purchased from:_____

62. Purchase price: \$_____

63. I consider current value to be: \$_____

64. Who is vehicle registered to? :

Name:_____

Address:_____Phone: _____

65. Are there any other parties with a financial interest in the vehicle? Yes/No

66. If yes, name, address and telephone number/s:_____

67. Other relevant information (please advise of anything that may be relevant to this enquiry):

I/We declare that the above information is accurate and the descriptions are a correct record of the vehicle at the time of the loss.

I/We make this solemn declaration conscientiously believing the same to be true by virtue of the provisions of the Oaths and Declarations Act 1957.

I/We understand any incorrect information I/we provide may invalidate the claim.

Declared at: _____ this _____ day of _____2002.

SIGNED by the said:_____

IN THE PRESENCE OF:_____

BEFORE ME:_____

(Solicitor, Justice of the Peace,
or other person authorised to take
a Statutory Declaration).

Please complete this to the best of your knowledge. Insurance fraud is a crime, please ensure that all information is complete and correct.

Page 1 and 2 of this document must be completed in full in order for your claim to be processed.

Insured details: Full details of Insured/Owner

Policy Holder:	Policy Number:	
Physical address:	Phone:	Mobile:
	Email address:	
	If company, contact name:	

Vehicle details:

Reg No:	Year:	If your vehicle is financed or leased, please name your finance or lease company below:
Manufacturer / Model:		
	Expiry Date:	

Driver details: Full details of insured driver or person in charge of insured vehicle at the time of accident or loss

Full name:	License Number:	Version Number:
Date of Birth: (DD/MM/YR)	License issuing authority:	
Relationship to Policy Holder:		

Declaration questions - You should not disclose any information about offences that can be withheld under the Criminal Records (Clean Slate) Act 2004.

- Had you taken any intoxicating liquor and/or drugs (prescribed or otherwise) within the 12 hours prior to the accident? Yes No
- Have you ever been convicted of any traffic or criminal offenses (other than parking) within the last five years? Yes No
- Have you ever had any motor accidents or claims including theft (other than windscreen breakage) within the last five years? Yes No
- Have you been disqualified from driving, or had licence endorsed cancelled or suspended within the last 5 years? Yes No
- Was the vehicle being used without the policyholders consent? Yes No
- Is the vehicle modified in any way or have pre existing damage? Yes No
- Have you been refused vehicle insurance or had a policy cancelled? Yes No

If you answer "YES" to any of the questions above, please provide full details (Please include dates for any offences/accidents listed)

Accident location details:

Location:	Suburb / Town:	
Date:	Time:	Road surface: Dry <input type="radio"/> Wet <input type="radio"/> Sealed <input type="radio"/> Unsealed <input type="radio"/>
Speed (kmph) prior to braking:	Approx speed on impact:	Weather conditions: Fine <input type="radio"/> Raining <input type="radio"/> Fog <input type="radio"/> Overcast <input type="radio"/> Strong Wind <input type="radio"/>

Passengers (Please use supplementary pages if required)

Were there any passengers in insured vehicle? Yes No

Name / Address / Phone:

Independant Witnesses: It is important that names & addresses are obtained whether the driver considers him/herself to blame or not. (Please use supplementary pages if required)

Name:	Known to you: Yes <input type="radio"/> No <input type="radio"/>
Address:	Phone/Mobile:
	Email address:

Turn to next page and complete.

Accident details *(Please use supplementary pages if required)*

Describe the accident:

Was any warning (horn signals etc) given by any person? Yes No

Do you consider the other driver was responsible for the accident? Yes No

If Yes, please give details:

Sketch plan of accident:

(Please use supplementary pages if required)

Details of damage or loss to insured vehicle
(indicate where insured vehicle is damaged):

(Please use supplementary pages if required)

Other property: Full details of damage to other driver vehicle or property

Property or vehicle owned by:

Phone:

Vehicle make / model:

Email:

Reg No:

Contact Address:

Driver's full name:

Their insurance company:

Describe any damage caused to other property or vehicle(s):

What, if any, details or information have you provided to the other party:

Police

Did the Police attend the scene of the accident? Yes No

Do the Police have knowledge of this incident? Yes No

Name & number of officer:

Did any driver undergo any test for alcohol or drugs? Yes No

Email:

Have the Police issued a Notice of Intended
Prosecution, or give any verbal warning?

Yes No

Police Acknowledgement file number:

Address of station:

Declaration and Signature: Pursuant to the Privacy Act 1993

To be completed by the Insured(s) shown and also on behalf of any other person covered by these insurances.

I/We:

- Declare to the best of my/our knowledge and belief all information given to Star Underwriting Agents Ltd t/a Star Insurance Specialists as agents of Vero Insurance Ltd (Star/Vero) and other parties authorised to receive information from me in connection with this claim (whether oral or written) is complete, true and correct and no information relevant to the claim is omitted.
- Agree to provide any further information that may be required by Star/Vero.
- Authorise the disclosure of this information to other parties, including parties with a financial interest, private investigators, crown authorities, repairers or parties involved in replacing the subject matter of this claim.
- Authorise the obtaining personal information about me/us that is in Star/Vero's view relevant to this claim.

- Authorise the obtaining of personal information in any way relevant to this claim from Insurance Claim Register Ltd (ICR)
- Authorise Star/Vero to place details of this claim on the database of ICR where it will be held and made available for other insurance companies to inspect.
- Understand that I am/we are entitled to have certain rights of access to and correction of the personal information held by Star/Vero and the ICR Ltd.

Please note: We 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 provide it, or if you have provided any false or untrue information it might affect your rights under your policy with us. The entities referred to in this declaration/statement are; Star Underwriting Agents Ltd t/as Star Insurance Specialists, 15 Accent Drive, Manukau, Auckland, as agents of Vero Insurance NZ Ltd, Level 14, 48 Shortland Street, Auckland and the Insurance Claims Register Ltd, PO Box 474, Wellington.

Driver

Signature: _____

Date: _____

Policyholder
Signature: _____

**(If company,
State position
i.e CEO, Manager etc)**
Signature: _____

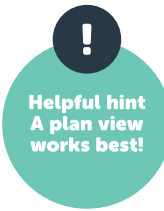
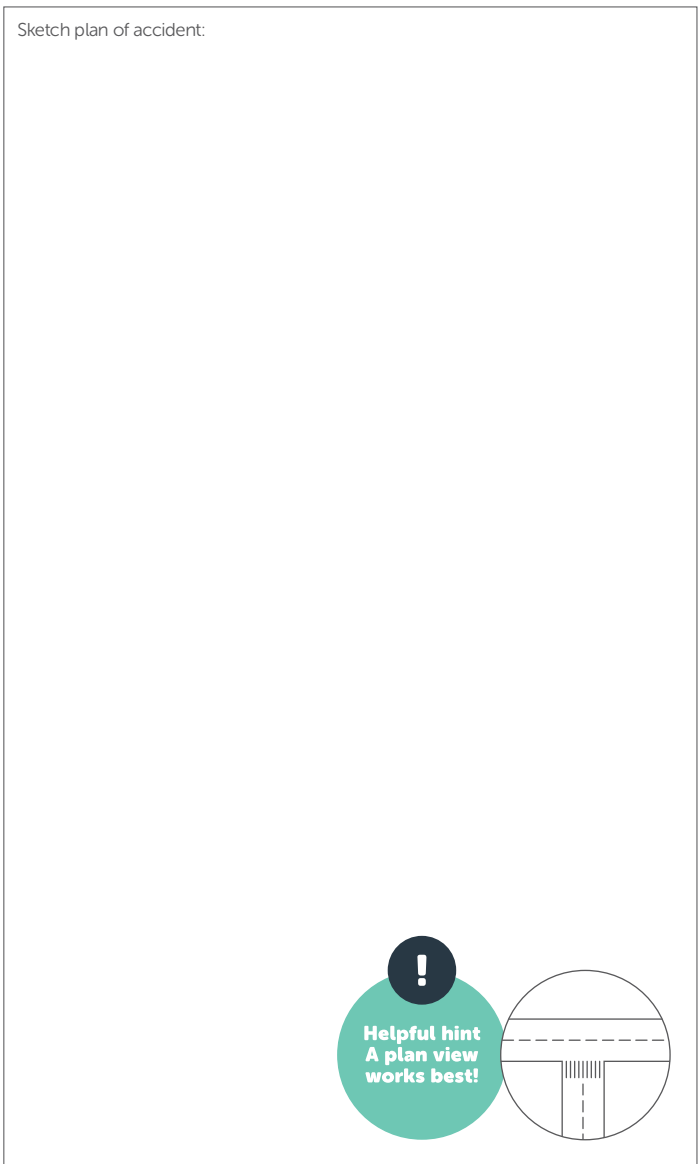
Date: _____

Submit

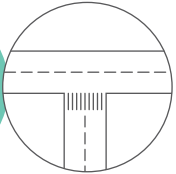
Sketch schematics

If there wasn't enough room on page 2 for your masterpiece please find more room below. Although this will be taken extremely seriously we do have a tendency (with your blessing) to publish the best sketches online each month. We do not publish your personal details.

Sketch plan of accident:



**Helpful hint
A plan view
works best!**



Details of damage or loss to insured vehicle
(indicate where insured vehicle is damaged):

