

**EXTENDED WARRANTY INSURANCE POLICY - CLAIM FORM**

Policy Number

This form is to be completed by *You* prior to presentation of the *vehicle* for repairs.

**WARRANTY DETAILS**

Name of Owner

Address

Telephone No. Wk  Hm

**VEHICLE DETAILS**

Registration No.  Date of purchase

Dealer's Name

Vehicle Make & Model  Year of Manufacture

Has the vehicle been modified from the manufacturer's specification?  
(If YES please give details) Yes  No

Details

**CLAIM DETAILS**

Date of loss  /  /  Odometer reading at loss

Description of problem

Did you have any warning or indications of a problem occurring prior to the loss?

Yes  No  (If YES please give details)

Has the account been paid? Yes  No

Was the vehicle towed? Yes  No  (If YES please enclose a copy of the towing invoice)

**DECLARATION**

I hereby declare that the information above is true and correct to the best of my knowledge and belief and I have complied with all the conditions of the Policy.  
I consent to Swann Insurance (NZ) Ltd. ('Swann') using my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however, Swann may not be able to process my claim.  
I consent to Swann disclosing my personal information to other insurers, an insurance reference service or as required by law. I consent to Swann disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

Signature  Date  /  /

(The issue or completion by *You* of this form does not constitute any admission of liability on the part of Swann)

**IMPORTANT: Repairer information to be completed over page**

**TO BE COMPLETED BY THE REPAIRER**

**Repairer**

Accounts will not be accepted unless they include the Authority Number supplied by Swann Insurance (NZ) Ltd.

**REPAIRER INFORMATION**

Company name

Contact name

Address

Telephone No. Wk

Hourly labour rate \$

**VEHICLE INFORMATION**

Make  Model  Year of manufacture

Registration no.  Current odometer reading

**NATURE OF REPAIR**

Description of repair

**Description of rectification**

Parts used	Cost
1. <input type="text"/>	\$ <input type="text"/>
2. <input type="text"/>	\$ <input type="text"/>
3. <input type="text"/>	\$ <input type="text"/>
4. <input type="text"/>	\$ <input type="text"/>
5. <input type="text"/>	\$ <input type="text"/>

Total labour hours

Total cost of repair (incl. parts & labour) \$

Authorisation No.

**(If insufficient space, please attach any additional pages)**

I/we hereby declare that the above information given is true and correct.

Signature  Date  /  /

**Repair Agent's Stamp**  Registered Repairer's No.