

# Stolen or Burnt Vehicle Claim Form



Return to: Swann Insurance  
PO Box 68–200, Newton, Auckland  
Phone: 0800 807 926  
Email: Swannclaims@iag.co.nz

- If you supply any untrue or false information and know that it is not true Swann shall have the right to refuse the claim.
- We recommend that you read the Claims section of your policy.
- 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 our permission.
- **The driver of the vehicle (or the person who was in charge) must sign 'Part M: Declaration and signature' of this form.**

## Part A: The insured

Name: \_\_\_\_\_ Policy number: \_\_\_\_\_

### POSTAL ADDRESS

Number/Street: \_\_\_\_\_ Suburb: \_\_\_\_\_

Town/City: \_\_\_\_\_ Post code: \_\_\_\_\_

### CONTACTS

Home phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

### BANK ACCOUNT DETAILS

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

Bank Account:

## Part B: Details of driver or person in charge

1. What is the driver's Date of Birth? \_\_\_\_\_ Female  Male

2. Was the driver (or person in charge when the accident happened) the person shown under Part A? Yes  No

*If 'Yes', please go to Part C: Driver's history. If 'No' please answer questions 3–6 below:*

3. Full name of driver (or person in charge) \_\_\_\_\_

### POSTAL ADDRESS

Number/Street: \_\_\_\_\_ Suburb: \_\_\_\_\_

Town/City: \_\_\_\_\_ Post code: \_\_\_\_\_

### CONTACTS

Best contact phone number: \_\_\_\_\_ Best time to contact: \_\_\_\_\_

4. Relationship to the Insured: Husband  Wife  Son  Daughter

Other  (give details) \_\_\_\_\_

5. Did the driver have the owner's permission to use the vehicle? Yes  No

6. Does the driver have any motor vehicle insurance? Yes  No

7. Does the insured confirm ownership? Yes  No

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## Part C: Driver's history

1. Has the driver ever been refused vehicle insurance or had a policy cancelled or not renewed? Yes  No
2. In the past five years has the driver:
- (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 below:

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## Part D: Driver's licence

All details as they appear on the New Zealand driver's licence:

- (1) Surname: \_\_\_\_\_ (2) First name(s): \_\_\_\_\_
- (3) Date of birth: \_\_\_\_\_ (4a) Issue date: \_\_\_\_\_ (4a) Expiry date: \_\_\_\_\_
- (5a) Driver's licence: \_\_\_\_\_ (5b) Licence version number: \_\_\_\_\_
- (6) Full address as it appears on driver's licence: \* \_\_\_\_\_

\*This field is optional and may be blank on your licence

- (7) Licence classes: 1  2  3  4  5  or 6
- (8) Endorsements: P  V  I  O  D  F  R  T  W  or NIL
- (9) Classes/endorsements for conditions: \_\_\_\_\_
- (10) Date and country of Issue: \_\_\_\_\_
- (11) Was the driver licensed to drive this class of vehicle under the conditions endorsed? Yes  No

## Part E: The insured vehicle

1. Year: \_\_\_\_\_ 2. Make: \_\_\_\_\_
3. Model: \_\_\_\_\_ 4. Reg. no: \_\_\_\_\_
5. Mileage: \_\_\_\_\_ 6. VIN number: \_\_\_\_\_
7. Chassis: \_\_\_\_\_ 8. Colour: \_\_\_\_\_
9. Engine rating: \_\_\_\_\_
10. Has the vehicle been modified from the manufacturer's standard design or specification: Yes  No
11. What do you think the vehicle was worth at the time of Loss? \$ \_\_\_\_\_

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## Part: F Ownership and finance

1. Is the vehicle subject to any Hire Purchase or any other finance arrangements? Yes  No

If "Yes" please give full details (include the contact address of any finance company etc.): \_\_\_\_\_

\_\_\_\_\_

2. When did you buy the vehicle? \_\_\_\_\_

3. Who did you buy it from? \_\_\_\_\_

4. How much did you pay for it? \$ \_\_\_\_\_

## Part G: How the loss happened

1. When did the accident happen? Day: \_\_\_\_\_ date: \_\_\_\_\_ time: \_\_\_\_\_ AM  PM

2. Where did it happen? (Street and town): \_\_\_\_\_

3. What was the vehicle being used for? \_\_\_\_\_

4. Who was the last person to use your vehicle? \_\_\_\_\_

5. Did the driver consume or use any alcoholic liquor, drug or intoxicating substance in the 12 hours before the accident? Yes  No

If 'Yes', please give details: \_\_\_\_\_

What: \_\_\_\_\_ How much: \_\_\_\_\_ When: \_\_\_\_\_

6. Please show whether these applied to your vehicle when it was left by the last person to use it:

(a) all windows wound up?  (b) all doors locked?  (c) boot or hatch locked?

(d) keys left in the ignition?  (e) keys elsewhere in the vehicle?  (f) steering lock fitted?

(g) alarm operating?  (h) immobiliser operating?

7. Please describe what happened to your vehicle:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Please draw **or** attach a diagram of the place where it happened (show buildings, driveways, roads etc.):

## Part H: Police report

1. Has this loss been reported to the police? Yes  No  *If "No", it must be reported to the police and question 2 answered.*

2. Is a Police complaint acknowledgement attached? Yes  No  *If "No", please complete the details below:*

Reported by: \_\_\_\_\_ on: \_\_\_\_\_

to (Station name): \_\_\_\_\_ Complaint ref. no. \_\_\_\_\_

Name of attending Officer: \_\_\_\_\_

## Part I: Use and general condition

1. What was the vehicle mainly used for? Private  Business

2. Was the vehicle already damaged before the loss or theft happened? Yes  No

*If "Yes", please give details of existing damage:* \_\_\_\_\_

\_\_\_\_\_

3. Condition of vehicle (eg: good, average, poor, etc.): \_\_\_\_\_

## Part J: Keys

1. Do you have the keys for your vehicle? Yes  No

*If "No", where are they?* \_\_\_\_\_

2. Did anyone else have keys to the vehicle? Yes  No

*If "Yes", please give their details (name, address, contact phone)* \_\_\_\_\_

\_\_\_\_\_

## Part K: Other equipment

Please tick any of these which were fitted to your vehicle, and give details (make, model, age, value etc):

Engine immobiliser/car alarm  \_\_\_\_\_

Accessories details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Part L: Other details

1. Is there any other information which would help us with your claim? Yes  No

If "Yes", please give details: \_\_\_\_\_

2. Please tick any of the following documents you can give us, and supply them with this form:

Ownership papers  Vehicle inspection certificate  Service manual  Receipts for servicing  Owners manual

Other  please give details: \_\_\_\_\_

## Part M: Declaration and signature

I declare that:

### 1. AUTHORISE SWANN INSURANCE TO MOVE THE VEHICLE TO A CLAIMS ASSESSING CENTRE FOR EXAMINATION AND ASSESSMENT.

### 2. MATERIAL FACTS

- (a) All information given to Swann 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 Swann 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;
  - (iv) used by Swann to advise me of its other services
  - (v) I/we authorise the obtaining by you from any other party personal information about me/us that is in your view relevant to this claim;
- (b) My personal information held by any other parties in connection with this claim may be disclosed to Swann;
- (c) We may (at our sole discretion) require you to provide a declaration under the Oaths and Declarations Act.

### 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 to provide it, or if you provide any false or untrue information, we may decline your claim.
- 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 THE DRIVER**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**SIGNED ON BEHALF OF ALL INSURED'S**

Signature \_\_\_\_\_ Date \_\_\_\_\_



We are a member of the Insurance Council of NZ and adhere to the Fair Insurance Code. Further information on the Fair Insurance Code can be found at [www.icnz.org.nz](http://www.icnz.org.nz)