

## How to obtain quick action for your claim

1. Make sure that you fully complete this Claim Form and provide us with ALL the requested documentation.
2. Attach a copy of the current Registration Certificate.
3. Attach a copy of the Purchase Receipt or Loan Contract relating to the vehicle.
4. Attach a copy of the service documents and/or accounts for work performed on the vehicle.

## Policy details

POLICY NO:

EXPIRY DATE:

SUM INSURED \$

IF POLICY NOT YET ISSUED:

TAX INVOICE REF NO:

DATE ISSUED:

ISSUED BY:

## 1. The insured

SURNAME OR COMPANY NAME:

MR/MRS/MISS/MS:

GIVEN NAMES:

DATE OF BIRTH:

ADDRESS:

HOME:

WORK:

MOBILE:

EMAIL:

DRIVER'S LICENSE NO:

EXPIRY DATE:

CLASS OF LICENSE:

OCCUPATION:

EMPLOYER'S NAME:

EMPLOYER'S ADDRESS:

IF A COMPANY, DETAILS OF DIRECTORS AND PARTNERS (PLEASE ATTACH IF MORE THAN ONE)

NAME:

DATE OF BIRTH:

ADDRESS:

## 2. Vehicle ownership

NAME OF OWNER: SURNAME

COMPANY NAME:

GIVEN NAMES:

DATE OF BIRTH:

NAME OF REGISTERED: SURNAME

COMPANY NAME:

GIVEN NAMES:

DATE OF BIRTH:

ADDRESS:

HOME:

WORK:

MOBILE:

EMAIL:

DRIVER'S LICENSE NO:

EXPIRY DATE:

DATE PURCHASED:

PURCHASE PRICE:

PURCHASED FROM:

ADDRESS:

### 3. Vehicle finance

IS THIS VEHICLE UNDER FINANCE (INCLUDING PERSONAL LOANS, LEASE, HIRE PURCHASE, ETC?)

YES

NO

IF YES, PLEASE COMPLETE DETAILS BELOW:

INTERESTED PARTY:		ADDRESS:	
PHONE NO:	LOAN ACCOUNT NO:	TYPE OF LOAN:	
LOAN COMMENCED:	LAST PAYMENT DUE:	LOAN/LEASE PERIOD:	
AMOUNT BORROWED:	AMOUNT OUTSTANDING:	REPAYMENTS PERIOD:	
GUARANTOR:			

### 4. Insured vehicle

YEAR:	MAKE:	MODEL:
BODY TYPE:	COLOUR:	REGISTRATION NO:
VIN NO:	ODOMETER READING: KM	MANUAL/AUTOMATIC:
EXPIRY DATE OF REGISTRATION:		

IF YES, PROVIDE DETAILS INCLUDING BRAND, MODEL, SERIAL NO, AND OTHER IDENTIFYING DETAILS (WHERE APPROPRIATE)

HAS THE VEHICLE BEEN MODIFIED FROM THE MAKER'S STANDARD PRODUCT?

YES

NO

DESCRIPTION:		
DATE PURCHASED:	PURCHASE PRICE:	PURCHASED FROM:

IF ADDITIONAL SPACE NEEDED PLEASE ATTACH SEPARATE LIST

### 5. Details of loss

WHERE AND WHEN WAS YOUR VEHICLE LAST SEEN PRIOR TO THE THEFT/FIRE:			
TIME:	AM/PM	DAY:	DATE:
SPECIFIC LOCATION:			
CITY/TOWN/SUBURB:			
FOR WHAT REASON WAS THE VEHICLE LEFT AT THIS LOCATION?			
WHO ELSE WAS PRESENT WHEN THE VEHICLE WAS LEFT AT THIS LOCATION?			
PERSON LAST IN CHARGE OF VEHICLE PRIOR TO THEFT/FIRE:			DATE OF BIRTH:
RELATIONSHIP TO INSURED:	LICENCE NO:	EXPIRY DATE:	
ADDRESS:			
WHEN WAS THE VEHICLE LAST PARKED, ATTENDED OR CHECKED?			
DAY OF WEEK:	DATE:	TIME: AM/PM	BY WHOM:
WHO WAS WITH YOU WHEN THE THEFT/FIRE WAS DISCOVERED? NAME:			
ADDRESS:			PHONE:
WHEN WAS THE THEFT /FIRE DISCOVERED?	TIME: AM/PM	DAY:	DATE:
DO YOU OWN ANOTHER VEHICLE?	YES	NO	IF YES, PLEASE ADVISE WHEN WAS IT PURCHASED:
AND FROM WHOM:	REGISTRATION NO:		
WHAT MEANS OF TRANSPORT WAS USED TO TRAVEL HOME AFTER THE THEFT/FIRE?			
WHAT MEANS OF TRANSPORT ARE YOU NOW USING?			

## 6. Security

WAS THE VEHICLE LOCKED PRIOR TO THE THEFT/FIRE? YES  NO

WAS A CAR ALARM FITTED? YES  NO  IF YES, WAS IT ACTIVATED? YES  NO

NAME OF INSTALLER:

YEAR INSTALLED:

ADDRESS:

TYPE OF DETECTION PERIMETER  MOVEMENT  FUEL CUTOUT  IGNITION CUTOUT  BRAKE LOCK

ALARM BRAND:

MODEL:

PLEASE PROVIDE DETAILS OF OTHER SECURITY IF APPLICABLE:

## 7. Police report - ALL STOLEN PROPERTY MUST BE REPORTED TO THE POLICE

ATTACH A COPY OF THEIR REPORT IF YOU HAVE BEEN PROVIDED WITH ONE.

REPORTED TO POLICE AT: (STATION)

REPORTED AT: AM/PM ON: (DATE)

NAME OF OFFICER INFORMED:

REPORTED BY WHOM:

ADDRESS:

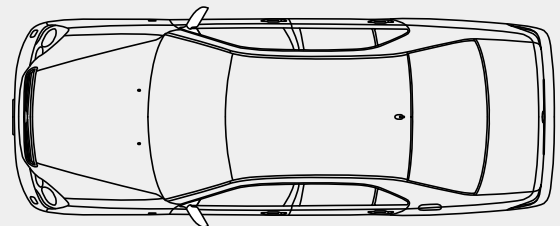
## 8. Vehicle damage

WHAT PARTS OF YOUR VEHICLE WERE DAMAGED PRIOR TO THE THEFT/FIRE?

PLEASE TICK THE TYPE OF DAMAGE AND MARK ON DIAGRAM OPPOSITE

IMPACT DAMAGE  OTHER PANEL DAMAGE

INTERIOR DAMAGE  MECHANICAL/ACCESORY DAMAGE



DESCRIBE THE VEHICLE CONDITION PRIOR TO THE THEFT/FIRE

WHAT PARTS OF YOUR VEHICLE HAVE BEEN DAMAGED AS A RESULT OF THE THEFT/FIRE, THE SUBJECT OF THIS CLAIM?

PLEASE TICK THE TYPE OF DAMAGE AND MARK ON DIAGRAM OPPOSITE

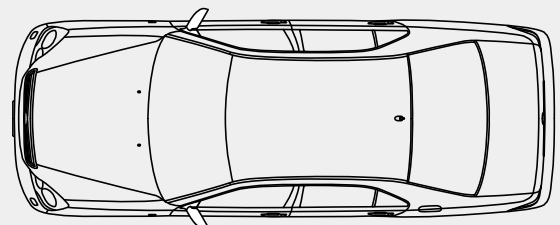
BURNT  ACCESSORIES STOLEN

IMPACT DAMAGE  MALICIOUS DAMAGE

MECHANICAL  STRIPPED AND BURNT

STRIPPED

HAS YOUR VEHICLE BEEN TOWED? YES  NO



BY WHOM?

IF TYRES WERE STOLEN OR DAMAGED PLEASE INDICATE

TO WHERE?

MAKE OF TYRES

NAME:

WERE THE TYRES RETREADS? YES  NO

ADDRESS:

APPROX. KM/MILES TRAVELLED ON THESE TYRES KM/MILES

PHONE:

REPAIR QUOTATION \$

WHAT TIME? AM/PM

DATE:

(PLEASE ATTACH ITEMISED QUOTATION IF IN YOUR POSSESSION)

DETAILED ACCOUNT OF THE EVENTS LEADING UP TO AND FOLLOWING THE THEFT/FIRE

### Declaration/Privacy Act 1993

I/We declare that to the best of my/our knowledge and belief these particulars are complete and correct. I/We agree to give and/or authorise the obtaining of any further information that may be required. I/We

- (a) understand you require this personal information, which will be retained by you before you can evaluate my/our claim;
- (b) authorise the disclosure of this personal information regarding this claim about me/us that is in your view relevant to this claim;
- (c) understand that I am/we are entitled to have certain rights of access to and correction of the personal information held by you.

The collection of this information is required under the terms of your policy. Failure to provide it may result in your claim being declined.

POLICYHOLDER'S SIGNATURE:

(IF COMPANY PLEASE STATE CAPACITY)

DATE:

DRIVER'S SIGNATURE:

DATE:

PLEASE FAX TO 0800 702 666 AND/OR POST TO TOYOTA INSURANCE: PO BOX 17504, GREENLANE, AUCKLAND.