

Affinity Insurance Brokers

Managed and administered by Affinity Risk Partners (Brokers) Pty Ltd
ABN 15 091 944 580 AFS License No. 241185
A Member of the National Insurance Brokers Association

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THEFT OF CAR / CLAIM FORM

PLEASE READ THIS SECTION CAREFULLY BEFORE PROCEEDING

1. If your vehicle has not been recovered as at the date of lodging this claim, complete this Claim Form, attach to it a copy of your Driver's Licence and return it to us.
 2. If your vehicle has been recovered and can be safely driven our main concern is that your vehicle is repaired and returned to you as quickly as possible. In order to enable us to do this you need to:
 - (a) **Complete this claim form** and attach a copy of the driver's driving licence.
 - (b) **Obtain two quotations** for the repair of the damage suffered in the accident. **Repairs must not be authorised without our approval.**
 - (c) **Return the claim form and two quotations to us.** On receipt we will give your claim our immediate attention, and where necessary appoint an assessor to inspect your vehicle.
 3. The issue and acceptance of this Claim Form is not an admission of liability.
 4. All questions must be answered truthfully as failure to do so may affect acceptance of your claim.
- Please do not hesitate to contact us if you have any queries. We are here to assist you in any way we can.

1. THE INSURED (OWNER)

Policy No. _____ Expiry Date ____/____/____
Full Name: Mr/Mrs/Ms _____
Address: _____
Email Address: _____
Occupation _____ Date of Birth ____/____/____
Work Phone No _____ Home Phone No _____
Tax Status – Registered Business Yes No ABN _____ Taxable _____%

2. INSURED'S DRIVING AND INSURANCE HISTORY

How long have you been driving in Australia? _____

Please attach copy of both sides of licence Licence no. _____ Expiry Date ____/____/____

Has the driver, during the last five years:

- a. had any motor vehicle stolen or destroyed by fire, whether reported to an insurance company or not? Yes No
- b. had any accident whether reported to an insurance company or not? Yes No
- c. made a claim on an insurer involving a motor vehicle? Yes No
- d. had any insurance or renewal of insurance declined? Yes No
- e. had special conditions or additional excesses imposed on any insurance or renewal? Yes No
- f. had any driving or motor cycle licence endorsed, cancelled or suspended? Yes No

g. been charged, summonsed, convicted and/or fined for any motoring or driving offence including speeding fines/or traffic offences? Yes No

h. been charged, summonsed or convicted of any criminal offence including arson, drug offences, fraud or malicious damage, theft or injury to any person? Yes No

i. been declared bankrupt or had a vehicle repossessed? Yes No

Does the driver have any physical defect, infirmity or sight and hearing impairment? Yes No

Does the driver regularly take any medication which may affect his/her driving ability, including prescription or other drugs? Yes No

If you have answered "Yes" to any of the above questions, please provide details in the space below, including the name of any insurer involved. You can obtain a copy of your driving record from the licensing authority in your state.

Date	Type of Claim (eg Theft, Accident, Malicious Damage)	Insurance Company	Amount of Loss

3. THE VEHICLE

Year _____ Make _____ Model _____

Type of body _____ No. of cylinders _____ Colour _____

Registration no. _____ Engine no. _____ Man. Auto

Is the vehicle modified or improved from the maker's standard? Yes No

If yes, provide details of improvements / modifications/accessories together with costs _____

Where is the vehicle normally garaged (indicate address and whether in driveway, in garage, or parked in street)?

When was vehicle purchased? _____ What was the purchase price? _____

Name and address of dealer/person from whom was the vehicle purchased?

When you purchased the vehicle was it New Used Demo

Name and address of finance company (if under finance eg hire purchase or leasing agreement)

Contract Number _____ Amount owing on vehicle _____

Was the vehicle serviced on a regular basis? Yes No Date of last service ____/____/____

Who carried out the service? _____

Please list here details of any prior unrepaired damage to the vehicle _____

Please provide proof of the vehicle's registration.

4. THE INCIDENT

When and where was the vehicle last seen? Date ____/____/____ Time _____am/pm

When did you discover the vehicle missing? Date ____/____/____ Time _____am/pm

Who can vouch that the vehicle was at the above location? _____

Was the vehicle locked? Yes No

Please list details of any security devices fitted to the vehicle? _____

Were these devices operating? Yes No

To which Police Station was the incident reported? _____

When was the incident reported to police? _____

Name of Police Officer _____ What is the Police reference number? _____

How many keys are there to the vehicle? _____ If any of these keys were stolen please state how they were stolen? _____

How many keys do you have now? _____ Has the vehicle been recovered? Yes No

If yes, when and where was the vehicle recovered? _____

Is the vehicle damaged?

Yes No

If yes describe the damage in detail _____

Who recovered the vehicle? _____

Are you aware of any police action taken or contemplated against any person?

Yes No

If yes, please provide details _____

DECLARATION:

I/We declare that the information and answers given to all the questions on this Claim Form are true and correct.
I/We have not withheld any information likely to affect consideration of this claim.

Date _____ / _____ / _____

Insured's
Signature _____
