



Delta Commercial Motor Vehicle Vehicle Theft Claim Form



IMPORTANT INFORMATION

Use this notification form to notify claims on Delta Insurance New Zealand Limited (Delta), Commercial Motor Policy. You should not make any admission of liability or make any offer of settlement without Delta's prior approval.

POLICYHOLDER(S) DETAILS

Policy number Claim number (if known)

Full name Date of birth

Postal address

Telephone numbers Home Business Mobile

Email Home

Email Business

Occupation

INSURED VEHICLE

Year Make/Model Vehicle registration no.

Finance/Hire Purchase Yes No

If yes, please provide details

PERSON DRIVING OR IN CHARGE OF THE VEHICLE (TO BE COMPLETED, EVEN IF PARKED)

Has the driver had any other accident, loss or claim in connection with any motor vehicle during the past five years? Yes No

Has the driver even been charged or convicted for any criminal or motoring offence or received any traffic infringement notice Yes No

If yes, please provide details

DATE AND PLACE OF THEFT

Day of week

From what address was the vehicle stolen?

Where was the vehicle parked? Garage Carport Driveway Parking Area Roadside

Other, please provide details below

When did you last see the vehicle?

Were all the doors locked and windows closed? Yes No

Where were the keys to the vehicle when the theft occurred?

When did you discover the theft had occurred?

How did you know the theft had occurred?

Was the vehicle stolen or parts only?

If parts only, please give details:

Where are all the sets of keys now?

CONDITION OF THE VEHICLE

At the time of the theft did the vehicle have any defects in the following:

Bodywork? Yes No

If Yes, please describe

Mechanical? Yes No

If Yes, please describe

Where is the vehicle usually serviced or repaired?

POLICE DETAILS

Has the theft been reported to the Police?

Yes No

If Yes, to which Police Station?

Date

please attach the Complaint Acknowledgement Form

RECOVERY

Has the vehicle been recovered?

Yes No

If Yes, when was it found?

Where was it found?

Who found it?

Where is it now?

Is it damaged? Yes No

If yes, please provide details

Have any accessories been removed?

Yes No

If yes, please provide details

Have you any suspicions who the offender was?

Yes No

If yes, please provide details

Have you any other information relevant to this claim?

Yes No

If yes, please provide details

Are you claiming for any additional policy extensions?

Yes No

Name of extension:

Details of loss:

Amount:

DIRECT CREDITING AUTHORITY

If your claim is accepted and there are payment(s) to you, we can pay this amount direct into your bank account by direct credit. If you would like us to make this direct credit, please complete details below. You will be advised if a payment has been made following acceptance of your claim.

Do you wish to use this facility? Yes No Name of Account

I/We authorise the payment to be made into this bank account. (Please attach a deposit slip)

Bank	Branch	Account Number	Suffix
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DECLARATION/PRIVACY ACT 1993/INSURANCE CLAIMS REGISTER

I/We declare that to the best of my/our knowledge and belief these particulars are complete and correct.

I/We

- (a) agree to give any further information that may be required;
- (b) understand you require this personal information, which will be retained by you at Level 2, 204 Quay Street, Auckland 1010 before you can evaluate my/our claim;
- (c) authorise the disclosure of this personal information regarding this claim to other parties;
- (d) authorise the obtaining by you from any other party personal information about me/us that is in your view relevant to this claim;
- (e) authorise the obtaining by you from Insurance Claims Register Limited (ICR Ltd), which holds details of claims made by me/us under policies with other insurers, personal information about me/us that is in your view relevant to this claim;
- (f) authorise you to place details of this claim on the database of ICR Ltd, PO Box 474, Wellington, where it will be retained and be available to other insurance companies to inspect;
- (g) understand that I am/we are entitled to have certain rights of access to and correction of the personal information held by you and ICR Ltd.

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

Signature of the Policyholder(s) (If the policy is in joint names, both signatures are required)



Lloyds are a member of the Insurance Council of New Zealand and adhere to the Fair Insurance Code which provides you with assurance that we have the highest standards of service for our customers.