

3.0 Police details

Did the Police attend the scene? Yes No

If "No", have the Police been notified? Yes No

If "Yes", which Police Station was the loss reported to?

On which date?

d	d	m	m	y	y	y	y
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Have the Police recovered any property? Yes No

Please attach the Police Complaint Form in all cases of theft or loss

Has the loss been advertised in any newspapers? Yes No
If "Yes"

Paper

Date

d	d	m	m	y	y	y	y
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Other action taken to recover property

4.0 General - please answer all questions

OWNER'S DETAILS

Full name

Address

Phone ()

Mobile ()

Email

USUAL DRIVER DETAILS

Full name

Address

Phone ()

Mobile ()

Email

VEHICLE DETAILS

Year

Make, model and type state - 2 Door, 4 Door, Hatch, Station-wagon

Registered number

H.P. or C.C. Rating

Speedometer reading

Transmission state - Manual (3/4/5 speed, overdrive), Automatic, Turbo

Vehicle identification no. (chassis, frame)

Engine no.

Modifications Air Conditioning Yes No

CNG/LPG Yes No

Any other modifications? (please detail)

Colour (detailed)

Colour changes made by present owner

Tyres Make

Type

Amount of wear in tyres and tread pattern

Front left Front right

Rear left Rear right

Spare

Wheels Colour

Mags

Standard

Radio/stereo Unit make

Model

Where fitted in vehicle

Speakers Where fitted

Make

Type

Interior trim Colour

Condition Poor Average

Good Excellent

Other vehicle accessories (List below)

Vehicle is usually serviced by:

Phone ()

Vehicle was last serviced by:

Phone ()

Date vehicle was last serviced

d	d	m	m	y	y	y	y
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Warrant of fitness expires on

d	d	m	m	y	y	y	y
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Registration expires on

d	d	m	m	y	y	y	y
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Condition of the following was: (i.e. good, poor, etc)

Engine

Mags

Transmission/Diff

Suspension

Steering

Body

Paintwork (faded/patchy?)

Seats

Dash

Was there any unrepaired damage (including rust) on the vehicle?
If YES, please detail Yes No

The following people have keys to the vehicle – names, addresses and phone numbers

Name 1

Address

Phone

Name 2

Address

Phone

Name 3

Address

Phone

Name 4

Address

Phone

Name 5

Address

Phone

Number of owners

Is there any finance on vehicle?
If YES, with whom? Yes No

Purchase price of vehicle

Purchase date of vehicle

d	d	m	m	y	y	y	y
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Purchase from whom (ie Dealer)

Was the vehicle for sale or trade prior to the loss?
If YES, how was it advertised and what was the asking price? Yes No

Have you had any repairs done to the vehicle?
If YES, please provide repair details and advise repairer's name Yes No

IN THE LAST FIVE YEARS HAVE YOU:

had any insurance cancelled or refused? Yes No

been charged with or convicted of any criminal offence (other than parking)?
If YES, give full details Yes No

- Please attach any service records, photos, etc. of car.
- Please attach ownership papers to this questionnaire and keys.
- Please attach copy of latest vehicle inspection certificate.

5.0 Declaration (please read this carefully before signing)

Where any declaration is answered NO then further details will need to be provided below in the box headed "Exceptions to this Declaration".

I/We declare that:

All the statements in this claim form and any additional schedules are correct.

Yes No

The motor vehicle and/or accessories are correctly described in this form and were lost, stolen or damaged under the circumstances described overleaf.

Yes No

I/We have told TOWER Insurance everything relevant to this claim.

Yes No

I/We understand that:

Willful or reckless exaggeration or inflation of the amount claimed will forfeit the claim and may result in prosecution.

The personal information provided in this claim form is being collected by TOWER Insurance to enable it to evaluate my/our claim.

I/We have certain rights of access to and correction of the personal information provided by me/us on this claim form or in support of this claim, but if I/we do provide incorrect information, TOWER Insurance may be entitled to decline the claim whether or not it is later corrected.

If any of the property in this claim for which I/we have received payment is subsequently recovered I/we will notify TOWER Insurance immediately and return the property to TOWER Insurance or will refund to TOWER Insurance the value of therecovered items.

I/We authorise TOWER Insurance to obtain personal information about me/us from any other party.

I/We authorise TOWER Insurance to obtain if required a copy of the police report relating to this claim.

5.1 EXCEPTIONS TO THIS DECLARATION

Signature

Before signing please ensure that you have answered all the questions and have read and understood the "declaration" above.

Full name	Date								Signature
Insured's name	d	d	m	m	y	y	y	y	
Insured's name	d	d	m	m	y	y	y	y	
Witness name	d	d	m	m	y	y	y	y	
Witness name	d	d	m	m	y	y	y	y	

←
Sign here
←

Thank you

Please send this form to: TOWER, PO Box 90347, Auckland 1142
 Thank you for completing your claim. You will be contacted shortly regarding the status of your claim.
 If you have any questions or need to update any information regarding your claim then please contact us on 0800 379 372.
 This information is held by TOWER at 22 Fanshawe Street, Auckland.