Claim / Customer Ref:

Office

2.0 What happened?

This form must be returned directly to us immediately with all questions answered. The driver details should be completed by the actual driver of the vehicle if the driver is different from the insured.

Important: Please read before completing this form.

Many of the fraudulent claims we receive are made as Stolen or burnt out motor vehicle claims. This usually has the result of increasing premiums and raising excesses. Rather than penalising you – our honest and loyal clients whose support we value – we'd prefer to ask your help in filling out this form. Particularly we would point out that where items within a claim are proven to be inflated, the total claim will be declined. We will be carefully monitoring all claim information with the aim of paying genuine claims quickly, stopping expensive fraudulent claims and keeping your premiums down. Thank you for your co-operation.

1.0 Insured's details

CONTACT D	ETAILS	Day / date of loss	d	d	m	m	у	у	уу	
Title	⊙Mr ⊙Mrs ○Ms ○Miss ○Dr	Between the hours of	h	h	m	m	0	a.m.	⊖p.m.	
	O Other:	and	h	h	m	m	0	a.m.	⊖p.m.	
Surname		Day / Date loss was discovered	d	d	m	m	у	у	уу	
First name(s)		Who discover the loss?								
Date of birth d d m m y y y y		Was the vehicle alarmed? O Yes O No								
Phone	()	Was alarm set?	Was alarm set? O Yes O No							
Mobile	()	Is vehicle normally garaged?					С) Yes	⊖ No	
Email		Details of how the loss occured (If ins	ufficio	ent sp	ace at	tach s	heet)		
ADDRESS D	ETAILS (PHYSICAL)									
Street number	r									
Street name										
Suburb										
Town / City										
ADDRESS D	ETAILS (MAILING - IF DIFFERENT)									
Street / Box n	umber									
Street name										
Suburb										
Town / City										
Postcode		_								
INTERESTE	D PARTY(S) (BANK, FINANCE COMPANY ETC)									
Name										
Postal Addres	S	_								
Post Code										
Name		Where were you at the time of los	s?							
Postal Addres	s	Place where loss occured								
Post Code										

3.0	Police det	ails									
Did the Police attend the scene? O Yes									⊖ No		
If "No", have the Police been notified? O Yes If "Yes", which Police Station was the loss reported to?										⊖ No	
On wl	hich date?	d	d	m	m	у	у	у	у		
Have the Police recovered any property? O Yes										⊖ No	
Please a	attach the Police Co	mpla	int Fo	orm in	all ca	ises of	f theft	or lo	ss		
Has th If "Yes" Paper		dvert	tised	l in a	iny n	ews	pape	ərs?	С) Yes	⊖ No
Date		d	d	m	m	у	у	у	у		
Other	action taken to	o rec	ovei	r pro	pert	 y					

	Air Condintion	ning				0	Yes	0	Nc
	CNG/LPG					0	Yes	0	Nc
Any other mod	lifications? (plea	se detail)							
Colour (detailed)									
Colour change	s made by pre	sent ov	vner						
Tyres	Make								
	Туре								
Amount of wea	ar in tyres and t	tread pa	atter	'n					
	Front left			From	nt rig	ght			
	Rear left			Rea	ar rig	ght			
	Spare								
Wheels	Colour								
	Mags								
	Standard								
Radio/stereo	Unit make								
	Model								
	Where fitted i	n vehicl	е						
Speakers	Where fitted								
	Make								
	Туре								
Interior trim	Colour								
	Condition	OP	oor		0	Ave	rage	Э	
		ОG	ood		0	Exc	eller	nt	
Other vehicle a	ACCESSORIES (Lis	(DEIOW)							
Other vehicle a	ICCESSOTIES (Lis								
Other vehicle a									
Other vehicle a									
Other vehicle a									
	lly serviced by: Phone (
Vehicle is usua	lly serviced by: Phone (

Registration expires on

OWNER'S	DETAIL	5	
-ull name			
Address			
Phone	()	
Mobile	()	
Email			
USUAL DR	IVER DI	ETAILS	
USUAL DR Full name	IVER DI	ETAILS	
	IVER DI	ETAILS	
Full name	IVER DI)	
Full name Address	IVER DI (
Full name Address Phone	IVER DI		
Full name Address Phone Mobile	IVER DI (
Full name Address Phone Mobile	()	

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.

Condition of the following was: (i.e. good, poor,	etc)	Is there any finance on vehicle? If YES, with whom?	○ Yes	⊖ No
Engine				
Mags		Purchase price of vehicle		
Transmission/Diff		Purchase date of vehicle d d m m	уу	уу
Suspension		Purchase from whom (ie Dealer)		
Steering		Was the vehicle for sale or trade prior to the loss?		
Body		If YES, how was it advertised and what was the asking price?	○ Yes	⊖ No
Paintwork (faded/patchy?)				
Seats				
Dash		Have you had any repairs done to the vehicle? If YES, please provide repair details and advise repairer's name	○ Yes	⊖ No
Was there any unrepaired damage (including rust) on the vehicle?				
If YES, please detail	○ 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
The following people have keys to the vehicl addresses and phone numbers	le – names,			
Name 1				
Address				
Phone				
Name 2				
Address				
		Please attach any service records, photos, etc.	of car.	
Phone		 Please attach ownership papers to this question Please attach copy of latest vehicle inspection c 	nnaire an	
Name 3				<u>.</u>
Address				
Phone				
Name 4				
Address				
Phone				
Name 5				
Address				
Phone				
Number of owners				

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. \bigcirc Yes \bigcirc No

○ Yes ○ No
The motor vobiol

The motor vehicle and/or accessories are correctly described in this form and were lost, stolen or damaged under the circumstances described overleaf. \bigcirc Yes \bigcirc No

I/We have told TOWER Insurance everything relevant to this claim. \bigcirc Yes $~\bigcirc$ No

I/We understand that:

Signature

Full name

Insured's name Insured's name Witness name Witness name

Thank you

5.1

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

Please send this form to: TOWER, PO Box 90347, Auckland 1142

This information is held by TOWER at 22 Fanshawe Street, Auckland.

Thank you for completing your claim. You will be contacted shortly regarding the status of your claim.

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.

Signature

EXCEPTIONS TO THIS DECLARATION

Sign here

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

If you have any questions or need to update any information regarding your claim then please contact us on 0800 379 372.

Date