



## STOLEN OR BURNT OUT TAXI CLAIM FORM



CLAIM / CUSTOMER REF

OFFICE

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.

INSURED'S FULL NAME(S) :  
Mr / Mrs / Miss / Ms

  

DATE(S) OF BIRTH:

TELEPHONE DAY :

TELEPHONE NIGHT:

POSTAL ADDRESS:

POSTCODE

INTERESTED PARTY :

(BANK, FINANCE COMPANY ETC.)

POSTAL ADDRESS:

POSTCODE

### WHAT HAPPENED?

Date of loss ...../...../..... Between the hours (approx.) of ..... a.m. and ..... a.m.  
p.m. p.m.  
Date loss was discovered ...../...../..... Time ..... a.m. / p.m.

Who discovered the loss? .....

Please ☒ appropriate box

Was the vehicle alarmed? ☐ YES ☐ NO Was alarm set ☐ YES ☐ NO

Is vehicle normally garaged? ☐ YES ☐ NO

Details of how loss occurred  
.....  
.....  
.....

Where were you at the time of the theft or loss? .....

Place where loss occurred .....

### POLICE DETAILS

Please read this carefully

Did the Police attend the scene? ☐ YES ☐ NO

If NO, have the Police been notified of the loss? ☐ YES ☐ NO

If YES, which Police Station was the loss reported to? .....

On which date? ...../...../.....

Have the Police recovered any property? ☐ YES ☐ NO

If YES, please give details .....  
N.B Please attach the Police Form

Has the loss been advertised in any newspapers? ☐ YES ☐ NO

If YES: Paper: ..... Date: ...../...../.....

Other action taken to recover property .....

### GENERAL – PLEASE ANSWER ALL QUESTIONS

- OWNER**  
Full Name .....  
Address .....  
Phone No's Day ..... Night .....
- USUAL DRIVER**  
Full Name .....  
Address .....  
Phone No's Day ..... Night .....
- YEAR** ..... **MAKE, MODEL AND TYPE** .....  
State – ☐ 2 Door ☐ 4 Door ☐ Hatch ☐ Station-wagon ☐ Van ☐ Shuttle
- REGISTRATION NUMBER** ..... **HP.OR CC RATING** ..... **Speedometer Reading** .....
- TRANSMISSION** state – Manual (3/4/5 speed, over drive), Automatic, Turbo .....
- VEHICLE IDENTIFICATION NO.** (chassis) ..... **Engine NO.** .....
- MODIFICATIONS**  
a) Air Con. ..... b) CNG/LPG .....  
c) Any other modifications? (please detail) .....  
.....

8. **COLOUR** (detailed) .....  
 Colour changes made by present owner .....

9. **TYRES** Make ..... Type .....  
 Amount of wear in tyres ) Front Left ..... Rear Left .....  
 & Tread Pattern ) Front Right ..... Rear Left .....

10. **WHEELS** Colour ..... Mags ..... Standard .....

11. **RADIO/STEREO** Unit Make ..... Model .....  
 Where fitted in Vehicle .....  
**SPEAKER(S)** Where fitted .....  
 Make ..... Type .....

12. **INTERIOR TRIM** Colour .....  
 Condition Poor ☐ Average ☐ Good ☐ Excellent ☐

13. **OTHER VEHICLE ACCESSORIES** .....

14. **THE VEHICLE IS USUALLY SERVICED BY:** ..... Ph: .....  
 The vehicle was last serviced by: ..... Ph: .....  
 Date vehicle was last serviced ...../...../.....

15. **CERTIFICATE OF FITNESS** ...../...../..... **REGISTRATION EXPIRES ON** ...../...../.....

16. **CONDITION OF THE FOLLOWING WAS:** (i.e. good, poor, etc)  
 a) Engine ..... f) Mags .....  
 b) Transmission/Diff ..... g) Suspension .....  
 c) Steering ..... h) Body .....  
 d) Paintwork (faded/patchy) ..... i) Seats .....  
 e) Dash .....

17. **WAS THERE ANY UNREPAIRED DAMAGE (INCLUDING RUST) ON THE VEHICLE?** ☐ YES ☐ NO  
 If YES, please detail: .....

18. **THE FOLLOWING PEOPLE HAVE KEYS TO THE VEHICLE – NAMES, ADDRESSES AND PHONE NUMBERS:**  
 .....  
 .....

19. **NUMBER OF OWNERS:** ..... **IS THERE ANY FINANCE ON VEHICLE?** ☐ YES ☐ NO If YES, with whom? .....

20. **PURCHASE PRICE OF VEHICLE** \$..... **PURCHASE DATE OF VEHICLE** ...../...../.....  
**PURCHASED FROM WHOM?** (i.e. Dealer) .....

21. **WAS THE VEHICLE FOR SALE OR TRADE PRIOR TO THE LOSS?** ☐ YES ☐ NO  
 If YES, how was it advertised and what was the asking price? .....

22. **HAVE YOU HAD ANY REPAIRS DONE TO THE VEHICLE?** ☐ YES ☐ NO  
 If YES, please provide repair details and advise repairer's name .....

23. **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)? ☐ YES ☐ NO  
 If YES, give full details .....

# DECLARATION

Please read this carefully before signing.

Where any declaration is answered NO, 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.
- The taxi and/or accessories are correctly described in this form and were lost, stolen or damaged under the circumstances described overleaf.
- I/We have told THE INSURANCE GROUP, CLUB AUTO or TOWER everything relevant to this claim.

Please Tick

☐ YES ☐ NO

☐ YES ☐ NO

☐ YES ☐ NO

I/We understand that:

- Wilful 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 THE INSURANCE GROUP, CLUB AUTO or TOWER 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, CLUB AUTO or TOWER 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 payments is subsequently recovered I/we will notify THE INSURANCE GROUP, CLUB AUTO or TOWER immediately and return the property to CLUB AUTO or will refund to CLUB AUTO or TOWER the value of the recovered items.

I/We authorise THE INSURANCE GROUP, CLUB AUTO or TOWER to obtain or release personal information about me/us from any other party.

I/We authorise THE INSURANCE GROUP, CLUB AUTO or TOWER to obtain if required a copy of the policy report from the police relating to this claim.

Exceptions to this Declaration:

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Insured's Signature .....

Witness Signature.....

Date ...../...../.....

Date ...../...../.....

Driver's Signature .....

Witness Signature.....

Date ...../...../.....

Date ...../...../.....



PLEASE ATTACH ANY SERVICE RECORDS, PHOTOS, ETC. OF CAR



PLEASE ATTACH OWNERSHIP PAPERS TO THIS QUESTIONNAIRE AND KEYS



PLEASE ATTACH THE LATEST VEHICLE INSPECTION CERTIFICATE