

Motor Vehicle - Fire & Theft Claim Form



It is essential that this form be returned directly to Ansvar Insurance, with all questions answered, at the earliest opportunity. Please print your answers and where appropriate. If insufficient room, please attach separate sheet.

Office use only Claim number

1. Policyholder details

Name/Business name	Policy number		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address			Postcode
<input type="text"/>			<input type="text"/>
Telephone: Home	Telephone: Work	Telephone: Mobile	Fax number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	Occupation		
<input type="text"/>	<input type="text"/>		

2. Insured Vehicle

Registration number	Year of manufacture	Make	Model
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Body type (e.g. Sedan)	Odometer reading	Expiry date of registration	
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	

Has the vehicle been modified or fitted with accessories or optional extras other than those supplied at the maker's option?
 Yes No *If yes, describe the modifications/accessories*

Was there any unrepaired damage to the vehicle before the incident? Yes No *If yes, please provide details*

When was the vehicle purchased? / / Amount paid \$ Is the vehicle under finance? Yes No

Name of finance company Amount outstanding \$

For what purpose was the vehicle being used at the time of the incident? (e.g. private use only, carrying goods in connection with business etc)

Was any other insurance in force on the vehicle at the time of the incident?
 Yes No *If yes, state the name of the insurance company*

3. Person in charge of vehicle at time of loss

Name	Date of birth	
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Address	Telephone number	
<input type="text"/>	<input type="text"/>	
Licence number of driver. Please include photocopy of drivers licence	Date issued	Expiry date
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
How long has driver been licenced in New Zealand? Years <input type="text"/>	Date first licence obtained	<input type="text"/> / <input type="text"/> / <input type="text"/>

