



## Attempted Theft/Malicious Damage Form

ABN 24 009 002 500

**PLEASE ANSWER ALL QUESTIONS, PLEASE PRINT AND INDICATE BY  WHERE APPLICABLE**

Underwritten by FORTRON Insurance Group Ltd under AFS Licence No 238279

### INSURED DETAILS

Surname:	Given Names:	Company:
Address:		Post Code:
Email Address:		Contract No:
Telephone Hm:	Wk:	Date of Last Payment:
Occupation:		Loan Type: (Lease, HP etc)
Date of Birth:		
Drivers Licence No:		Date Obtained:

### FINANCE DETAILS

**PLEASE ATTACH A COPY OF YOUR DRIVERS LICENCE TO THIS FORM**

### THE INSURED VEHICLE

Make (e.g. Ford):	Model (e.g. Falcon)
Year:	Body Style (e.g. Sedan):
Registration No:	Engine No:
No Cylinders:	Transmission: Manual <input type="checkbox"/> Automatic <input type="checkbox"/>
Date of Purchase:	Purchase Price \$:
Has the car had accessories added?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, provide full details:	
Has the car been modified in any way?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, provide full details:	
Type of Registration:	<input type="checkbox"/> PRIVATE <input type="checkbox"/> BUSINESS
Purpose for which car was being used at time of claim:	<input type="checkbox"/> PRIVATE <input type="checkbox"/> BUSINESS
Was the car locked at the time of claim?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was alarm system fitted?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, was it activated?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Were any steps taken to prevent claim?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was car damaged in any way prior to claim?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes provide full details:	

### THE LAST PERSON TO DRIVE THE INSURED CAR

Surname:	Given Names:	Date of Birth:
Address:		Post Code:
Drivers Licence No:		Date of Expiry:
How many years has the driver held an Australian Licence?:		Years:

**THE PERSON IN CHARGE OF THE INSURED VEHICLE**

**In the last 5 years have you or anyone who is likely to drive the car:**

- a) Been charged or convicted or issued with an infringement notice for any motoring offence?  YES  NO
- b) Had their Licence refused, Suspended, Cancelled or Endorsed?  YES  NO
- c) Had an at fault accident with a motor vehicle or had a motor vehicle stolen, damaged (including hail) or destroyed by fire where recovery costs were not made by your insurer?  YES  NO

**Have you or anyone who is likely to drive the car ever:**

- 1) Been charged or convicted with a criminal offence?  YES  NO

**Have you or anyone who is likely to drive the car ever:**

- 2) Had an insurance policy refused, denied or cancelled or special conditions applied, endorsed or excess imposed by an insurer?  YES  NO

**If YES to any question above, please provide FULL DETAILS below:**

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**IF THERE IS NOT SUFFICIENT SPACE TO ANSWER THESE QUESTIONS PLEASE ADD A SEPARATE SHEET**

Has the insured or last driver of the car ever had a Motor Car stolen or vandalised?  YES  NO

If YES, on what date / / Name of Insurance Company Concerned:

**DESCRIPTION OF CLAIM**

Date of Claim / / Time am / pm

Exact place where claim occurred:

What was your reason for leaving your car in this location?

Describe Events leading up to, and full particulars (as best you know) of the claim:

Name and address of any person with you when you discovered damage:

**DAMAGE TO THE INSURED VEHICLE**

Particulars of damage to the insured vehicle

\_\_\_\_\_  
\_\_\_\_\_

Was the vehicle towed?  YES  NO

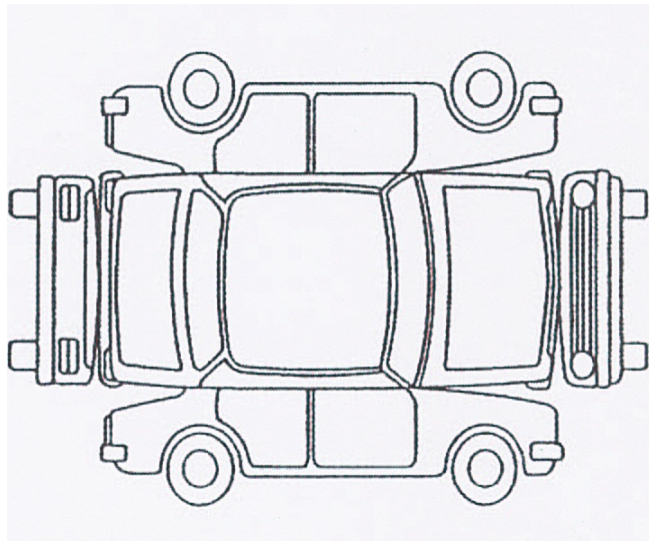
Name of towing Company: \_\_\_\_\_

Distance the vehicle was towed: \_\_\_\_\_ kms

Full address where the vehicle can be inspected: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please attach quotation for repairs \_\_\_\_\_



A quotation from one of our recommended repairers please telephone 1800 280 557 and speak to one of our Fastr Car Insurance claim consultants.

*I hereby authorise you as my agent to remove the vehicle to any place of storage or repair and take any other action you consider necessary to implement repair or reinstatement of vehicle.*

**Signature of Policy Holder**

**POLICE**

Station Reported to: \_\_\_\_\_ Name of Officer: \_\_\_\_\_

Crime Report No: \_\_\_\_\_ Date Reported: / / Time \_\_\_\_\_ am / pm

Reported by: \_\_\_\_\_ If not reported explain why: \_\_\_\_\_

Is there any reason to suspect any person (s) of being involved?:  YES  NO

**DECLARATION**

- I/We declare that foregoing particulars are true in every respect. No information likely to affect this claim has been withheld.
- I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.
- I/We understand that the applicable excess is payable under the condition of the policy.
- I/We also agree to provide any further information required by the company.
- I/We acknowledge that FASTR Car Insurance may give to, and obtain from, the other insurers and/or Insurance Reference Bureaux, personal information relating to the claim as well as insurance claims information obtaining during the course of the contract.
- I/We have read and understood the Privacy Information attached to this form.

Signature of Driver..... Date.....

Signature of Insured ..... Date.....



PO Box 1532, Osborne Park DC, Western Australia 6916  
18 Sangiorgio Court, Osborne Park WA 6017  
Toll Free: 1800 280 557 • Fax: 08 9202 5397