



Theft Claim For Motor Vehicle Insurance

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

THE INSURED VEHICLE IS REGISTERED IN THE NAME OF	FINANCE DETAILS
Surname _____ Given Names _____	Company _____
Are you Registered for GST <input type="checkbox"/> YES <input type="checkbox"/> NO	Address _____
If YES, what percentage will you be claiming an Input Tax Credit for <input style="width: 40px; border: 1px solid black;" type="text"/> %	Contact No. _____
Address _____	Amount Outstanding \$ _____
P/Code _____ Email _____	Date of Last Payment _____
Telephone: Private _____ Business _____	Term _____ Months _____
Occupation _____	Loan Type (Lease, HP, etc) _____
Date of Birth / / Sex M / F	Contract No. _____
Driver Licence No. _____ Date Obtained / /	

Policy No. _____ Period of Insurance: From / / to 4pm on / /

THE INSURED VEHICLE		
Make (e.g. Ford): _____	Model (e.g. Falcon) _____	Series (e.g. EA) _____
Year _____	Body Style (e.g. Sedan : _____	Registration No. _____
Engine No. _____	V.I.N. No. _____	
No of Cylinders _____	Transmission: <input type="checkbox"/> MANUAL <input type="checkbox"/> AUTOMATIC	Colour _____
Date of Purchase / /		
If purchased from _____	Dealership Name _____	
a Dealership: _____	Dealership Address _____	
If purchased through _____	Previous Owner's Name _____	
Private Sale: _____	Previous Owner's Address _____	
Has the vehicle had accessories added which are not the manufacturers standard specifications?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, provide full details. _____		
Has the vehicle been modified, in any way, from the manufacturers standard specifications?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, provide full details. _____		
Type of Registration: <input type="checkbox"/> Private <input type="checkbox"/> Private / Business <input type="checkbox"/> Business <input type="checkbox"/> Goods Carrying		Reg'n Expiry Date / /
Purpose for which the car was being used at the time of the Theft?		<input type="checkbox"/> PRIVATE <input type="checkbox"/> BUSINESS
Was the car locked at the time of the Theft?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Was an 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 other steps taken to prevent Theft? _____		
What was the condition of the vehicle prior to the Theft? _____		
If the vehicle was damaged in any way prior to the Theft, provide details? _____		
How many ignition keys do you have? _____	Where are the keys now? _____	

THE DRIVER / PERSON IN CHARGE OF INSURED VEHICLE (CONTINUED)

Surname _____ Given Names _____ Date of Birth _____ / _____ / _____

Address _____ Post Code _____

Drivers Licence No. _____ Expiry Date _____ / _____ / _____

How long has Driver Held a current Australian Driver's Licence? _____ Years

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:

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

Has the insured or last driver of the Insured Vehicle ever had a Motor Vehicle Motor / Cycle stolen or vandalised? YES NO

If YES, on what date? _____ / _____ / _____ Description of Vehicle _____

Police Station to which reported _____ Name of insurance company concerned _____

DESCRIPTION OF THEFT

Date of Theft _____ / _____ / _____ Time of Theft _____ am / pm

Exact place where Theft occurred _____

When did you leave your vehicle at this location? _____ Date _____ / _____ / _____ Time _____ am / pm

What was your reason for leaving the vehicle at this location? _____

Describe the events leading up to, and full particulars (as best known to you) of the Theft

1. _____

2. _____

How did you get home after the Theft? _____

Are you aware of any independent witness to the Theft? Supply names and addresses _____

THE POLICE

Station Reported

Name of Police officer

Crime Report No. Theft Reported: Date / / Time am / pm

Reported by If not reported to Police, explain why

If you have sighted the motor vehicle since the Theft, give full particulars

Do you have any reason to suspect any person (s) of being involved in the Theft? YES NO

If YES, please give full details

Have your suspicions towards any person (s) been conveyed to the Police? YES NO

If NO, for what reason?

TO BE COMPLETED IF YOUR VEHICLE HAS BEEN RECOVERED

Date of Recovered / / Time Recovered am / pm

Name of Police Officer or other person who found the car

Police Station

Location of vehicle when first found

Police opinion of how the vehicle was stolen

Was the steering lock intact when recovered YES NO

What was the odometer reading when stolen km When Recovered? km

Was the vehicle towed from the scene of recovery? YES NO

If YES, by whom

Describe damage to the vehicle now

Have you obtained an estimate for repairs? YES NO

If YES, copy to be attached?

Provide documentary evidence of personal items stolen and their value

Full address of where the vehicle can be inspected

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 obtained during the course of the contract.
- I/We authorise you to remove the vehicle to any place of storage for repair and take any other action you consider necessary to implement, repair or reinstatement of vehicle.
- I/We have read and understood the Privacy Information attached to this form.

Signature of Insured _____

Date _____ / _____ / _____

STATUTORY DECLARATION TO BE COMPLETED BY THE INSURED PERSON

- I/We _____ of _____

do solemnly and sincerely declare the following:

- The particulars contained in the foregoing claim relating to the driver are true and correct to the best of my knowledge and belief;
- All other particulars in the foregoing claim are true in fact and I have given true and correct details of all charges and / or convictions and accidents I have had in relation to the driving of a motor vehicle;
- Except as otherwise disclosed, I/We have not had an Insurance Contract declined or cancelled; and
- I/We make this solemn declaration conscientiously believing the same to be true and by virtue of the law of the place of Australia wherein this declaration is made rendering persons making false declarations punishable for willful and corrupt perjury.

SWORN / DECLARED AT _____

In this State of _____ this _____ day of _____

Signature of the Insured _____ Before me _____

Justice of the Peace / Commissioner for taking Affidavits / Commissioner for Declaration other person authorised to take declarations and oaths.

Name and address of Justice of the Peace / Commissioner _____

STATUTORY DECLARATION TO BE COMPLETED BY THE PERSON IN CHARGE, IF NOT THE INSURED

- I/We _____ of _____

do solemnly and sincerely declare the following:

- The particulars REGARDING THE Driver in the foregoing claim are true in fact;
- I have given true and correct details of all charges and / or convictions and accidents I have had in relation to the driving of a motor vehicle;
- and further declare that I have not had an Insurance Contract declined or cancelled; and
- I/We make this solemn declaration conscientiously believing the same to be true and by virtue of the law of the place of Australia wherein this declaration is made rendering persons making false declarations punishable for willful and corrupt perjury.

SWORN / DECLARED AT _____

In this State of _____ this _____ day of _____

Signature of the Insured _____ Before me _____

Justice of the Peace / Commissioner for taking Affidavits / Commissioner for Declaration other person authorised to take declarations and oaths.

Name and address of Justice of the Peace / Commissioner _____