

Stolen or Burnt Vehicle

ANDO

Claim form

How to make a claim

Complete this form and email it to your broker, or send it directly to motorclaims@ando.co.nz

Policyholder details

Policy number	<input type="text"/>		
Company name	<input type="text"/>		
OR			
Title	<input type="text"/>	First name	<input type="text"/>
		Last name	<input type="text"/>

Contact details of the person completing this form

Title*	<input type="text"/>	First name*	<input type="text"/>	Last name*	<input type="text"/>
Mobile*	<input type="text"/>	Work phone	<input type="text"/>		
Email address*	<input type="text"/>				
Role*	<input type="text"/>				
<small>(e.g. broker, driver or owner)</small>					

Driver's details or person in charge

Are the details of the driver or person in charge the same as the contact person?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
If 'No', please provide the following details:					
Title*	<input type="text"/>	First name*	<input type="text"/>	Last name*	<input type="text"/>
Mobile*	<input type="text"/>	Work phone	<input type="text"/>		
Email address*	<input type="text"/>				
Relationship to the policyholder*	<input type="checkbox"/> Husband	<input type="checkbox"/> Wife	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter	<input type="checkbox"/> Other, please specify _____

Driver's details or person in charge cont.

Did the last person to use the vehicle have the owner's permission?*

Yes No

Did the last person to use the vehicle consume or use an alcoholic liquor, drug or intoxicating substance in the last 12 hours before the theft of the vehicle?*

Yes No

If 'Yes', provide the following details:

Substance

Amount

Time

Substance

Amount

Time

Substance

Amount

Time

Driver's history

In the past three years has the driver, person in charge or anyone covered by this policy:

- had any losses/incidents involving damage or theft of a vehicle (excluding glass)?*
- had a driver licence suspended or cancelled?*

Yes No

Yes No

Has the driver or person in charge had any insurance refused, cancelled, special terms imposed, renewal not offered or a claim declined in the last five years?*

Yes No

Has the driver or person in charge had any criminal convictions not subject to the Criminal Records (Clean Slate) Act 2004?*

Yes No

If 'Yes' to any of the above questions, please provide details below.

Insured vehicle

Year*

Make*

Model*

Vehicle registration number*

What was the vehicle mainly used for?

Private Business

Does the vehicle have an alarm / immobiliser?

Yes No

If 'Yes':

- Was the device factory standard?
- Was the device active at the time of theft?

Yes No

Yes No

Does the vehicle have a tracking device?

Yes No

Did your vehicle have any identifying features (e.g. stickers, badges, sign writing)?

Yes No

If 'Yes', please provide details.

Insured vehicle cont.

What type of wheels did the vehicle have?

Manufacturer standard

Mag wheels

Other

If 'Other', please provide details.

Was the vehicle modified in any way since manufacture?

Yes

No

If 'Yes', provide the following details:

Item

Date fitted

Specified on policy?

Yes

No

Item

Date fitted

Specified on policy?

Yes

No

Item

Date fitted

Specified on policy?

Yes

No

Did the vehicle have a current Warrant of Fitness (WOF)?

Yes

No

If 'No', please explain why the vehicle did not have a WOF.

Was there any existing damage to the vehicle?

Yes

No

If 'Yes', please provide details.

Were there any existing mechanical issues?

Yes

No

If 'Yes', please provide details.

Is there any other insurance on this vehicle or accessories?

Yes

No

If 'Yes', please provide details.

Have you been trying to sell the vehicle?

Yes

No

If 'Yes', please provide details.

Ownership and finance details

Who is the registered owner?*

When was the vehicle purchased?

Who was the vehicle purchased from?

Is the vehicle subject to any hire purchase or any other finance arrangements?* Yes No

If 'Yes', provide the following details:

- Finance company name
- Payoff amount (including GST)
- Were the loan payments up to date? Yes No – If 'No', please provide details.

Incident details

When did the loss occur?* Date Time am pm

Where was the vehicle parked?*

Who parked the vehicle?*

When was the vehicle parked?* Date Time am pm

Was the vehicle securely locked?* Yes No

If 'No', please provide details.

Please indicate which of the following applied to the vehicle when it was left by the last person to use it:

All windows wound up All doors locked Boot or hatch locked

Steering lock fitted Alarm operating Immobiliser operating

What was the vehicle being used for in the hours leading up to the theft?

Who discovered the theft?

How was entry gained?

Incident details cont.

Are there signs of forced entry or tampering with the ignition? Yes No
(E.g. broken glass, damaged locks, tools or evidence left at the scene etc.)

If 'Yes', please provide details.

How did you find out the vehicle was stolen?

Were there any other vehicles in the same area broken into or stolen? Yes No

If 'Yes', please provide details.

Keys

Do you have the keys for the vehicle? Yes No

If 'No', where are they?

How many sets of keys are there for the vehicle?

Where were the keys at the time of theft?

Where are the keys now?

Did anyone else have keys to the vehicle? Yes No

If 'Yes', please provide their details (name, address, contact phone number)

Please indicate whether the following applied to the vehicle when it was left by the last person to use it:

- Keys left in the ignition. Yes No
- Keys elsewhere in the vehicle. Yes No

If 'Yes' to the above, please provide details.

Police report

Were the police notified?* Yes No

If 'No', it must be reported to the police.

If 'Yes', please provide the following details:

• When was the theft reported?

• Is a police complaint acknowledgement attached? Yes No – If 'No', provide the following details.

Reported by

Station name

Complaint
reference number

Name of
attending officer

Do you know who the offender is or do you suspect someone? Yes No

If 'Yes', please provide details.

Other equipment

Please indicate if any of these were fitted to the vehicle at the time of theft and provide details (make, model, age, serial numbers etc):

Radar detector

Roof rack or carrier

Child safety seat

Stereo / MP3 / CD system

If the vehicle has a stereo, how was it fitted? Factory fitted by the manufacturer Installed after purchase Not manufacturer fitted, but in the vehicle at purchase

Has the stereo or any of the items listed above been specified on your policy? Yes No

Recovered vehicle

When was the vehicle recovered?* Date Time am pm

How long was the vehicle missing?

Please indicate the condition of the vehicle when it was recovered?

No apparent damage

Damaged

Vandalised

Burnt out

Flooded

Stripped

Stripped and burnt out

Stripped and flooded

Recovered vehicles cont.

Is the ignition damaged?

Yes No

If 'Yes', please provide details.

Was the vehicle involved in an accident while missing?

Yes No

If 'Yes', please provide details.

Is the vehicle still drivable?

Yes No

Where is the vehicle currently located?

How did the vehicle get to its current location?

Other details

Is there any other information which would help us with your claim?

Yes No

If 'Yes', please provide details.

Please tick any of the following documents you can give us, and supply them with this form:

- Ownership papers Vehicle inspection certificate Service manual Receipts for servicing
 Owner's manual Other (please specify) _____

Direct credit authority

If your claim is accepted, we can direct credit your bank account if there are any payment(s) to you.
Please provide your account details below if you would like a direct credit.

Bank account name

Bank account number

Please note:

- Ando Insurance Group Limited does not admit liability by the issue of this form.
- Any occurrence or claim must be notified to Ando Insurance Group immediately.
- You must not incur any expenses without the written consent of Ando Insurance Group Limited.
- You must not make any admission of liability, offer of settlement, promise or payment without the written consent of Ando Insurance Group Limited.
- Failure to provide full and correct information could result in your claim being delayed or not being accepted by Ando Insurance Group Limited.
- Please retain damaged goods in case inspection is required.
- Please attach estimates in support of repairs as appropriate along with any other relevant documentation.

Claim form declaration

I/we declare that to the best of my/our knowledge the information provided in this form is complete and accurate.
I/we authorise Ando to move the vehicle to a secure location for examination and assessment.

I/we:

- Agree to provide any further information that may be required;
- Understand that you require this personal information in connection with this claim and that it may be stored physically or electronically by Ando Insurance Group Limited, or any supplier (with whom we have a contractual arrangement);
- Authorise the disclosure of this personal information associated with this claim to other parties;
- Authorise you to obtain from any other party personal information about me/us that you may consider to be relevant to this claim;
- Authorise you to add details of this claim to the database of the Insurance Claims Register (ICR) where it will be retained and available for other insurers to access;
- Authorise you to obtain from ICR details of claims made by me/us;
- Understand that I/we have certain rights of access to and correction of personal information held by you and the ICR;
- Understand that failure to provide all personal information requested by you in relation to this claim may result in the claim being delayed or denied;
- Understand that my/our personal information will otherwise be collected, used, processed, stored and disclosed in accordance with Ando's Privacy Policy which is available at ando.co.nz/privacy-policy.

I have read and accept these conditions* (please tick)

Name* Date*

Signature*

Need help?

Call us on 0800 567 333

Email motorclaims@ando.co.nz

We adhere to the Fair Insurance Code which provides you with assurance that we have high standards of service to our customers. You can access a copy of the code at icnz.org.nz

