



HERBERT INSURANCE  
GROUP LIMITED

## SHIELD MOTOR THEFT REPORT FORM

### YOUR DETAILS

Policy No.		Claim Reference No.	
Name(s) in full (Joint if applicable)	First Name(s)	Surname	
1. Mr/Mrs/Miss/Ms/Other			
2. Mr/Mrs/Miss/Ms/Other			
Residential Address			
Postal Address (If Different from above)			
Occupation/Business		Are you self-employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Telephone - Private ( )	Business ( )	Mobile	

### DRIVER OR PERSON LAST IN CHARGE IF UNATTENDED

Name		Date of Birth	
Address			
Relationship to Insured	Class of Licence Held	A, B, C, D, E, F, G, H, I, J, K or L (circle which applies)	
Special Conditions	A, B, C, D, E, F, G, H, I, J, K or Nil (Circle which applies)		
Licence Number	Type of Licence	Expiry Date	
Was the person using the vehicle with the Policyholder's permission?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If "No" please provide details	
Give details of all motoring convictions or prosecutions pending (i.e. Charge: Date: Penalty). If none, Please state "NONE"			
Approximate Date	Charge	Penalty/Action	
Give details of all accidents or losses in the last three years. If none please state "NONE"			
Approximate Date	Details		
Give details of any physical defect, infirmity, defective vision or hearing. If none, please state "NONE"			

### VEHICLE AND/OR TOWING UNIT DETAILS

Make/Model	Year of Make	Reg. No.	
Type of Body	Mileage	Value	\$
Gross Veh. Weight	VIN	Number of Seats	
Who did the last service on the vehicle?		Date	
Where was your vehicle usually serviced?			
Do you have copies of your servicing invoices/accounts?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Did the vehicle have a current Warrant of Fitness?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If "Yes", where was the WOF obtained?		When does the WOF expire	
Did your vehicle need extra oil between services?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, how much	Every 1000 kms <input type="checkbox"/>	Each Month <input type="checkbox"/>	Each petrol fill <input type="checkbox"/>
Did your vehicle run well?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If No, please give details of any problems			
For what purpose was the vehicle being used?		Number of Passengers	
If the vehicle is no owned by the Policyholder, please provide the name and address of the owners below			
Name/Address			
If the vehicle is under a finance, rental or lease agreement, please give details below of the company involved			
Name/Address			
Agreement Number			

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www.herbertinsurancegroup.com



Has the vehicle been found? If it has, please confirm below exactly who found the vehicle and when

If anybody has been arrested please provide full details of the person(s) involved and the date/place of any court proceedings

Please confirm full details of all pre-existing damage to the vehicle

### IF THE VEHICLE HAS NOT BEEN FOUND PLEASE COMPLETE THE FOLLOWING

Name and address of person or company from whom you purchased the vehicle

General condition of the vehicle

Please confirm full details of all articles stolen with the vehicle together with the owner's identity. You will also need to confirm the date of purchase and the price paid for the articles. Receipts of purchase will also be required.

Amount claimed after deduction for wear & tear \$

If there is anything that you wish to add regarding the loss of or damage to your vehicle, please state below.

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

Ownership Papers     Vehicle Inspection Certificate     Service Manual     Receipts for Servicing  
 Owners Manual     Other, Please give details

### DECLARATION AND SIGNATURE

- This is a statutory declaration under the Oaths and Declarations Act 1957. It is a criminal offence to sign this declaration knowing that any of the statements under 1 below are not true
- The person who signs this declaration signs it on behalf of all insured's.
- It must be witnessed by one of the people listed (e.g. solicitor)

Policyholder's or company \_\_\_\_\_ Date \_\_\_\_\_  
 Official's Signature \_\_\_\_\_

Declared at \_\_\_\_\_ This \_\_\_\_\_ Day of \_\_\_\_\_ Year \_\_\_\_\_

Before me \_\_\_\_\_  
 Justice of the Peace/Solicitor/Registrar or Deputy Registrar of High or District Court/ a person authorised by section 9 Oaths and Declarations Act 1957

- 1 Solemnly and sincerely declare on behalf of all insured's that
  - a All information given to Herbert Insurance Group Limited in connection with this claim (whether oral or written) is true and correct;
  - b No information relevant to the claim is omitted; and

- 2 Agree that:
  - a My personal information collected by Herbert Insurance Group Limited in connection with this claim may be disclosed to:
    - i Parties repairing or replacing the subject matter of the claim;
    - ii Parties who have a financial interest in the subject matter of the policy;
  - b My personal information held by any other parties in connection with this claim may be disclosed to

Please note

- We gather information about you (including your claims history) to consider your claim. The terms of your insurance policy require you to supply this information, and if you refuse to provide it, we may decline your claim.
- This information is held by us and you may access it. It may be passed onto others insurers you deal with, repairers and mortgagees etc.