

Covi Theft Claim

PO Box 62 608, Greenlane, Auckland 1546 Ph 09 638 4740, 0800 805 965 | Email claims@covi.co.nz
Underwritten by NZI, a business division of IAG New Zealand Limited (your insurer)

Complete and save this form. Then email a copy to claims@covi.co.nz
***Please note, these fields are mandatory.**



INSURED DETAILS – FULL DETAILS OF INSURED/OWNER

Insured/owner Client no.

Postal address

If company, contact name Position

Phone number Email

VEHICLE DETAILS – FULL DETAILS OF INSURED VEHICLE

Year Make Model Reg No.

Is there any finance owing on the vehicle? Yes No

If yes, who is the interested party?

Has the vehicle or engine been modified from the maker's standard specifications? Yes No

Is there any other insurance on the vehicle or accessories? Yes No

Type of vehicle Motorhome Caravan Private Motor Vehicle Other

If other, please give details

PERSON IN CHARGE OF INSURED VEHICLE – FULL DETAILS OF INSURED DRIVER OR PERSON IN CHARGE OF INSURED VEHICLE AT THE TIME OF THE THEFT IF DIFFERENT TO ABOVE

Full name Date of birth

Home address

Did the driver have the owner's permission to use the vehicle? Yes No

If no, please give details

**Please note, these fields are mandatory*

In the past five years has the driver been convicted of a driving offence or issued with an offence or infringement notice (including speeding)?* Yes No

If yes, please give full details

In the past five years has the driver been disqualified from driving or had license endorsed, cancelled or suspended?*

Yes No

If yes, please give full details

Has the driver ever been refused vehicle insurance or had a policy cancelled or not renewed?*

Yes No

If yes, please give full details

Did the driver consume or use any alcoholic liquor, drug or intoxicating substance in the 12 hours before the accident?*

Yes No

If yes, please give full details

In the past five years has the driver been involved in any motor accidents or claims including theft (other than windscreen)?*

Yes No

If yes, please give full details:

APPROXIMATE DATE	DETAILS
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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THEFT/LOSS DETAILS - WHAT DATE DID THE THEFT HAPPEN?

Date Time (am/pm) Day of the week

Location (Street) Suburb/Town

When did you discover the theft had occurred?

From what address was the theft?

When was the vehicle last seen? Was the vehicle locked? Yes No

Where were the keys?

Where are all the sets of keys now?

Were only parts of the vehicle stolen?

Have you any suspicions who the offender was? Yes No

If yes, please give details:

What is their relationship to the owner (if any)?

Please describe what has happened:

OTHER RV CONTENTS – DETAILS OF RV SPECIFIC CONTENTS STOLEN, AND INCLUDED IN THIS CLAIM

POLICE REPORT

Do the Police have knowledge of this theft? Yes No

If yes, please give details: Name of officer

Number

Police Station

RECOVERY

Has the vehicle been recovered? Yes No If yes, what date was it recovered?

What time was it recovered?

Where was it found?

Where is the vehicle now?

Has the vehicle been towed? Yes No

Please describe any stolen or damaged parts and accessories (optional)

Do you have a preferred repairer? Yes No

Preferred repairer name

Preferred repairer address

Preferred repairer phone

Have you obtained an estimate for the repair? Yes No

What was the estimate? (optional)

WITNESSES

Please provide name and contact details of any witnesses (optional)

NAME	ADDRESS	PHONE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

PURSUANT TO THE PRIVACY ACT 2020

The following is brought to your attention:

(a) This claim form collects personal information; (b) The information is collected to evaluate your claim; (c) The intended recipient of the information is Covi NZMCA Insurance; (d) The information is being collected and held by Covi NZMCA Insurance and may be passed to, and held by, your insurer; (e) The collection of this information is required pursuant to the terms of your insurance policy; (f) The failure to provide this information may result in your claim being declined; (g) You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 2020. Please refer to our privacy: covi.co.nz/privacy-policy

DECLARATION

I/We:

• declare all information provided is complete and correct and there is no further information relevant to this claim; • authorise Covi NZMCA Insurance and/or your insurer to disclose to, and obtain from, other parties including the Insurance Claims Register Ltd, the NZ Police, insurance assessors, other insurers and advisers information about this claim, previous claims made by me/us and/or any insurance held by me/us for the purpose of evaluating and processing this claim; • agree to provide any further information or assistance as and when required by Covi NZMCA Insurance and/or our insurer.

Policyholder's signature

(If company, state capacity)

Date

Person in Charge of Insured Vehicle's signature (if different from above)

Date