

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	<input type="text"/>	Client no.	<input type="text" value="CL"/>
Postal address	<input type="text"/>		
If company, contact name	<input type="text"/>	Position	<input type="text"/>
Phone number	<input type="text"/>	Email	<input type="text"/>

VEHICLE DETAILS – FULL DETAILS OF INSURED VEHICLE

Year	<input type="text"/>	Make	<input type="text"/>	Model	<input type="text"/>	Reg No.	<input type="text"/>
Is there any finance owing on the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, who is the interested party? <input type="text"/>							
Has the vehicle or engine been modified from the maker's standard specifications? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Is there any other insurance on the vehicle or accessories? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Type of vehicle	<input type="checkbox"/> Motorhome	<input type="checkbox"/> Caravan	<input type="checkbox"/> Private Motor Vehicle	<input type="checkbox"/> Other			
If other, please give details <input type="text"/>							

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	<input type="text"/>	Date of birth	<input type="text"/>
Home address	<input type="text"/>		
Did the driver have the owner's permission to use the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, please give details <input type="text"/>			
<i>*Please note, these fields are mandatory</i>			
In the past five years has the driver been convicted of a driving offence or issued with an offence or infringement notice (including speeding)?* <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please give full details <input type="text"/>			
In the past five years has the driver been disqualified from driving or had license endorsed, cancelled or suspended?* <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please give full details <input type="text"/>			
Has the driver ever been refused vehicle insurance or had a policy cancelled or not renewed?* <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please give full details <input type="text"/>			
Did the driver consume or use any alcoholic liquor, drug or intoxicating substance in the 12 hours before the accident?* <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please give full details <input type="text"/>			
In the past five years has the driver been involved in any motor accidents or claims including theft (other than windscreen)?* <input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="text"/>	Time (am/pm)	<input type="text"/>	Day of the week	<input type="text"/>
Location (Street)	<input type="text"/>			Suburb/Town	<input type="text"/>
When did you discover the theft had occurred? <input type="text"/>					
From what address was the theft? <input type="text"/>					
When was the vehicle last seen? <input type="text"/>			Was the vehicle locked? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Where were the keys? <input type="text"/>					
Where are all the sets of keys now? <input type="text"/>					
Were only parts of the vehicle stolen? <input type="text"/>					
Have you any suspicions who the offender was? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

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