

**MSIG**

Mitsui Sumitomo Insurance Company, Limited
 ABN 49 000 525 637
 AFS Licence No.240816

Motor Vehicle Theft Claim

The issue of this form does not constitute an admission of liability on the part of the insurer.

Policy Number

Claim Number

Please complete all sections.

The Insured										
Full Name (Block Letters)		Surname				Given Name(s)				
Postal Address								State	Postcode	
Company Name (if applicable)										
Are you registered for GST?		No <input type="checkbox"/> Yes <input type="checkbox"/>		What is your ABN?						
Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the Policy?				No <input type="checkbox"/> Yes <input type="checkbox"/> - Will you be claiming an amount less than 100%?						
				No <input type="checkbox"/> Yes <input type="checkbox"/> - Specify amount claimed				%		
Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?				No <input type="checkbox"/> Yes <input type="checkbox"/> - Will you be claiming an amount less than 100%?						
				No <input type="checkbox"/> Yes <input type="checkbox"/> - Specify amount claimed				%		
Contact Numbers		Business	()			Private	()			
		Facsimile	()			Mobile				
Vehicle Details (Please attach copy of vehicle registration papers)										
Make of Vehicle				Year	/ /		Registered No.			
Model				Colour						
Registered Owner										
Address								State	Postcode	
Where and when did you buy the vehicle?								/ /		
Address										
Telephone	()		Amount Paid	\$		Date of Payment	/ /			
Do you owe money on your vehicle?				No <input type="checkbox"/> Yes <input type="checkbox"/> - Give details						
Name of Lender				Account Number						
Address								Date of last Payment	/ /	
Have any accessories been added or modifications made since the vehicle was purchased?				No <input type="checkbox"/> Yes <input type="checkbox"/>						
Give details and attach receipts.										
Description						Purchase Price	Price Paid			
						\$	\$			
						\$	\$			
						\$	\$			
Details of Theft										
Day and Date of Theft				/ /						
At what time and date was your vehicle left parked?				am/pm		/ /				
From where was your vehicle taken?										
						State	Postcode			

Details of Theft (continued)

Why was your vehicle left there?

Was the vehicle locked? Yes No Was a burglar alarm fitted? Yes No
 Was any other protective device fitted? Yes No Was it activated? Yes No

Details of person who left vehicle at this location.

Name	Surname		Given Name(s)	
Address				
			State	Postcode
Contact Numbers	Business ()	Private ()	Mobile	
Drivers Licence No.				

Who reported the theft to the police?

Name	Surname		Given Name(s)	
Address				
			State	Postcode
Contact Numbers	Business ()	Private ()	Mobile	
Name of Police Officer			Station	
Date and Time of Report	/ /	am/pm	(Please attach a copy of the Police Report)	

Details of other people who were with person in charge of vehicle at time of theft.

Name	Surname		Given Name(s)	
Address				
			State	Postcode
Contact Numbers	Business ()	Private ()	Mobile	
Name	Surname		Given Name(s)	
Address				
			State	Postcode
Contact Numbers	Business ()	Private ()	Mobile	

Please describe in detail the events leading up to and following the theft.

How did you get home after the theft?

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Details of Recovery

Date recovered	/ /	Time recovered	am/pm
Date notified of recovery	/ /	Time notified	am/pm
Location of vehicle when first found			
Nearest cross street			
Where is the vehicle now?			

If the vehicle is in bush land please attach detailed diagram.

Name of person or police officer who found the vehicle		
	Telephone	()

Was anybody charged with the theft? No Yes – Give details

Tyres				
Were the tyres stolen or damaged? No <input type="checkbox"/> Yes <input type="checkbox"/> – Give details				
Make of tyres				Retreads? No <input type="checkbox"/> Yes <input type="checkbox"/>
Where purchased				
Number of kilometres/miles travelled on these tyres				

Owner(s) and Driver History

In the last 5 years have you as owner or the driver of this vehicle:

- Had an insurance refused, declined or cancelled by an insurer or any special conditions imposed? Yes No
- Been convicted or charged with:
 - Drug use, driving under the Influence, or exceeding Prescribed Concentration of Alcohol? Yes No
 - Any driving offences or speeding infringements? Yes No
 - Fraud, arson, theft or any other criminal act? Yes No
- Had a drivers or motorcycle licence cancelled, suspended or endorsed? Yes No
- Had a claim or accident? Yes No
- Had a car stolen or burnt out? (include any not reported or not claimed from an insurer) Yes No
- Suffered or suffer from impaired eyesight (excluding wearing of glasses), loss of or use of any limb or loss of hearing or from any physical defect or epileptic, diabetic, heart or mental condition? Yes No

If you answered "Yes" to any of the above questions please provide relevant details below

Name of Driver	Date of Incident	Details of each Incident	Your Insurer	Person at Fault
e.g. <i>John Smith</i>	<i>Feb 04</i>	<i>Speeding 80km in 60km zone</i>	<i>-</i>	<i>Self</i>
<i>Bill Jones</i>	<i>Apr 05</i>	<i>Hit third party in the rear</i>	<i>XYZ Co</i>	<i>Bill</i>

If there is insufficient space, please attached a sheet with the relevant information

Privacy

Mitsui Sumitomo Insurance co. Ltd., includes information about how we manage your personal information in our Product Disclosure Statements. You can obtain a copy of the Mitsui Sumitomo Insurance Privacy Policy from our website www.msi-oceania.com or contact the Privacy Officer on 02 9222 7600 or email msiaus@ms-ins.com.

Declaration and authorisation

The information and answers given above are true, correct and complete in every detail.

- I/we understand the claim may be refused if information is not true or is withheld.
- I/we authorise Mitsui Sumitomo Insurance Company Limited to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Signature of insured 1.	<input type="text"/>	Date	<input type="text"/>
Signature of insured 2.	<input type="text"/>	Date	<input type="text"/>

Please check that this form has been fully completed as any omissions may delay your claim.