

**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? Give details and <b>attach receipts</b> .						No <input type="checkbox"/> Yes <input type="checkbox"/>			
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 <input type="checkbox"/> No <input type="checkbox"/>	Was a burglar alarm fitted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was any other protective device fitted?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Was it activated?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**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	<b>(Please attach a copy of the Police Report)</b>	

**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**

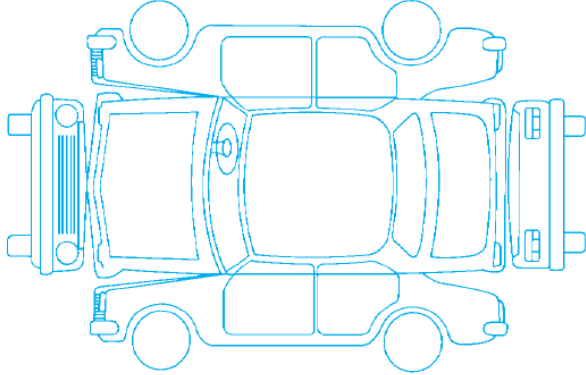
Date recovered	/ /	Time recovered	am/pm
Date notified of recovery	/ /	Time notified	am/pm
Location of vehicle when first found			
Nearest cross street			
Where is the vehicle now?			

**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

**Details of Recovery (continued)**

Name	Surname	Given Name(s)			
Address					
		State		Postcode	
Have you seen the vehicle since being recovered? <span style="float:right">No <input type="checkbox"/> Yes <input type="checkbox"/></span>					
Please state type of Damage: <input type="checkbox"/> Burnt <input type="checkbox"/> Impact <input type="checkbox"/> Stripped <input type="checkbox"/>					
Shade areas of damage being claimed	 <p style="text-align:center">Shade Damage</p>				
Has the vehicle been towed? <span style="float:right">No <input type="checkbox"/> Yes <input type="checkbox"/> – Give details</span>					
Name of Towing Company			Telephone	( )	

**Details of Losses**

Describe any items stolen or damaged	Where located in vehicle	Purchase date	Price paid	Amount claimed
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
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		/ /	\$	\$

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. <b>John Smith</b>	<b>Feb 04</b>	<b>Speeding 80km in 60km zone</b>	<b>-</b>	<b>Self</b>
<b>Bill Jones</b>	<b>Apr 05</b>	<b>Hit third party in the rear</b>	<b>XYZ Co</b>	<b>Bill</b>

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](http://www.msi-oceania.com) or contact the Privacy Officer on 02 9222 7600 or email [msiaus@ms-ins.com](mailto: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.