

Please complete all details even if they appear irrelevant.

1. Policy Details

Policy number	Sum insured	Excess
<input type="text"/>	<input type="text"/>	<input type="text"/>
Commencing date (dd/mm/yyyy)	Expiry date (dd/mm/yyyy)	Rating number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Claim number	(Office to complete)	
<input type="text"/>		

2. Insured's Details (your details)

Insured's name

Residential address Postcode

Occupation

Business address Postcode

Phone number (w) Phone number (h) Mobile number

3. Goods and Services Tax (GST)

To ensure you do not incur any unnecessary GST liabilities on this claim please advise your:

(a) ABN, if applicable

(b) entitlement to an Input Tax Credit in respect of:

(i) Insurance premium % and (ii) the vehicle which is the subject of this claim %

4. Vehicle Details

Make/Body type	Year	Registration number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Engine number	Colour	Registered owner
<input type="text"/>	<input type="text"/>	<input type="text"/>

1. Is the vehicle subject to any finance or leasing agreement?

No Yes

If **No**, go to question 2

Name of company

Account number

Amount outstanding

\$

Date of last payment made (dd/mm/yyyy)

2. From who was the vehicle purchased?

Purchase price

\$

Date of purchase (dd/mm/yyyy)

3. Expiry date of registration (dd/mm/yyyy)

4. Was an anti-theft device fitted?

No Yes

If **No**, go to question 5

Make of device (provide proof if available)

Was it activated?

No Yes

5. Was the vehicle locked?

No Yes

6. Were the keys removed?

No Yes

7. How many sets of keys are there to the vehicle?

8. Did you ever try to sell the vehicle before its theft?

No Yes

If **No**, go to question 9

Give details

9. Has the vehicle had previous theft attempts? (eg. locks damaged, keys stolen)

No Yes

If **No**, go to question 10

Give details

10. List all the extras fitted to the vehicle

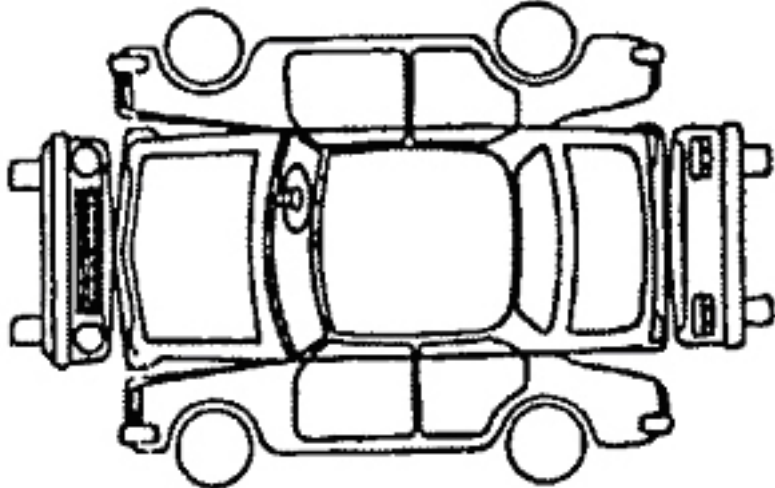
11. List all modifications made to the vehicle other than standard manufacture

12. Was there any damage to your vehicle prior to the theft?

No Yes

If **No**, go to question 13

Please indicate in diagram



13. Date of theft (dd/mm/yyyy)

Time

am
pm

14. Where was your vehicle parked at time of theft? (Be specific eg. car park, on the street)

15. When was the vehicle parked there? (dd/mm/yyyy)

16. Why was the vehicle parked there?

17. Name of person in charge of vehicle at time of theft

Address

Postcode

18. Name and address of other people present when theft was discovered

Name

Address

Postcode

Name

Address

Postcode

19. How did you get home after discovering the theft?

20. To which police station was the theft reported?

Date of report (dd/mm/yyyy)

Time

am
pm

File number

Officer's name

21. Describe in detail the events leading up to and following the theft

22. Have you made a previous theft claim?

No

Yes

If **No**, go to question 23

Give details

23. Who found the vehicle?

Name

Phone number

Address

Postcode

24. Where was the vehicle found?

25. Date the vehicle was recovered (dd/mm/yyyy)

26. Did police attend the scene where the vehicle was recovered?

No

Yes

If **No**, go to question 27

Officer's name

Station

27. Did you attend the scene where the vehicle was recovered?

No Yes

28. Where is the vehicle now?

29. Were any accessories or personal effects stolen or damaged from the vehicle?

No

Yes

if **No**, please sign declaration

Description of items	Where was the item purchased	Purchase date (dd/mm/yyyy)	Amount paid	Amount claimed
<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"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Complaints Procedure

If you are unhappy with any decision we may make in relation to our management of this claim please contact us and we will attempt to resolve your complaint immediately. If we are unsuccessful in resolving the matter we will refer it to our Internal Dispute Resolution Committee (IDRC) for further consideration.

If you are unhappy with our IDRC decision you may refer your dispute to the Financial Ombudsman Service (FOS). The FOS provides a free and independent dispute resolution service for consumers who have general insurance disputes that are covered by its Terms of Reference. If you wish your dispute to be heard by the FOS, you must refer your dispute to the FOS within three calendar months of receiving our IDR decision and you can do this by contacting the FOS at:

Financial Ombudsman Service

Freecall 1300 78 08 08

Post: GPO BOX 3, Melbourne Victoria 3001

Website: www.fos.org.au

Email: info@fos.org.au

6. Privacy

We respect your privacy and we comply with the Privacy Act 1988 and the National Privacy Principles. A copy of our Privacy Policy is available on our website www.lsvinsurance.com.au or contact us on 1300 369 769 for further information.

7. Declaration

This information is, to the very best of my knowledge, true in every respect.

I/We understand the claim may be refused or reduced if information is not true or is withheld.

I/We authorise the insurer to disclose information contained herein to their advisors, reinsurers and to other insurers. I/We authorise the insurer to obtain from any other party information that is, in the insurer's view relevant to this claim.

Signature of insured

Date (dd/mm/yyyy)

Signature of last driver

Date (dd/mm/yyyy)

Signature of witness

Date (dd/mm/yyyy)