

Motor Vehicle Theft Claim

The issue and acceptance of this form does not constitute an admission of liability on the part of the insurer or its agent.

Ryno Insurance Services, a specialist division of East West Insurance Brokers Pty Ltd, ABN 83 010 630 092, AFSL No: 230041, 19 Rosedale Street, Coopers Plains. Qld. 4106. Phone: 1300 650 670 Fax: 07 3344 2448.



Policy Number

Claim Number

Please complete all sections.

Insured Details			
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?	<input type="text"/>
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		% <input type="text"/>
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		% <input type="text"/>
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	
				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	
				State		Postcode	
Contact Numbers	Business	()	Private	()	Mobile		
Name of Police Officer				Station			
Date and Time of Report	/	/	am/pm	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	
				State		Postcode	
Contact Numbers	Business	()	Private	()	Mobile		
Name	Surname		Given Name(s)				
Address				State		Postcode	
				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?

--

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 <input type="checkbox"/> Yes <input type="checkbox"/> - Give details				

Tyres

Were the tyres stolen or damaged? No Yes – 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, fined 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

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

Privacy

Ryno Insurance Services provides full details of how we manage and use your personal details, either on our website or in our Product Disclosure Statements. You can obtain a copy from our website at www.rynoinsurance.com.au or call us on 1300 650 670 to request a copy.

Our Complaints and Disputes Policy

If you have a complaint about how we handle your claim, please contact us. We have an internal dispute resolution process to assist you. If you are not satisfied with our response, and wish to proceed with your complaint, you may contact the insurer. The insurer/s subscribe to the Financial Ombudsman Service www.financialombudsman.com.au which is an external disputes facility and a free service to you. Also see our complaints handling procedures at www.rynoinsurance.com.au

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 Ryno Insurance 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" value="X"/>	Date	<input type="text" value="/ /"/>
Signature of Insured	2.	<input type="text" value="X"/>	Date	<input type="text" value="/ /"/>

PLEASE CHECK THAT THIS FORM HAS BEEN FULLY COMPLETED AS ANY OMISSIONS MAY DELAY YOUR CLAIM, AND RETURN IT TO RYNO INSURANCE SERVICES 19 Rosedale Street, Coopers Plains Qld 4108. Fax 07 3344 2448, or claims@rynoinsurance.com.au, or as requested in attached correspondence.

IMPORTANT NOTE:- Ryno Insurance Services acts under a binding authority given to it by the insurer/s to arrange, issue and administer policies. Additionally, for those policies insured by Lloyd's, Ryno Insurance Services also settle claims on behalf of that insurer. When acting under such authorities, Ryno Insurance Services acts on behalf of the insurer/s and not for you. Please refer to your Product Disclosure Statement and Policy or call us for more information.