

# Motor Vehicle Theft Insurance Claim Form



MAS  
FREEPOST 884  
PO Box 13042  
Johnsonville, Wellington  
—  
Phone 0800 800 627  
Fax (04) 477 0109  
Email [info@mas.co.nz](mailto:info@mas.co.nz)

## Important information

1. Please answer questions as fully as possible. Incomplete answers may result in delays in completing your claim.
2. An excess may apply to your claim. Please refer to policy.
3. The cost of using a rental vehicle while you do not have the use of your own vehicle is not covered by a Motor Vehicle Policy. The decision to obtain a rental vehicle must be taken by the Insured and in no circumstances does MAS accept responsibility for the cost involved. If the person responsible for stealing your vehicle can be identified, MAS will look to recover costs from that person.
4. Please return the completed form with any supporting documentation (if applicable) as soon as possible to the email address shown below.

**Please complete this form and email it to [claims@mas.co.nz](mailto:claims@mas.co.nz)**

## The Insured

Title First name(s)

Surname

Address

Member number

To assist us to promptly process your claim, please confirm your daytime contact details

Phone Mobile

Email

What is your preferred contact method? Phone Text Email

## Insured vehicle

Make Model Year

Registration number Purchased from

Date Purchase price \$

Have you offered the vehicle for sale, sought valuations or trade-in estimates in the last 12 months?

Yes\* No

*\*If yes, from whom, why, and with what result?*

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## Ownership

Is the Insured the registered owner? Yes No\*

*\*If no, please give owners name*

Do you owe money on the vehicle to any person or firm? Yes No\*

*\*If yes, please give details*

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## The Driver

Was the Insured the last person in charge of the vehicle before it was stolen? Yes\* No\*\*

*\*If yes, please go to the Police report details section*

*\*\* If no, please provide the following details of the person in charge*

Name Age

Address

Phone

Relationship to the insured, e.g. spouse, son, daughter, etc.

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## Police report details

Name of the Police Station to which the theft was reported

Name of the Police Officer

Date reported Time reported am/pm

Police File Number (Please attach the Police complaint acknowledgment form)

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## Theft details

Date reported Time reported am/pm

Date theft was discovered

Time theft was discovered am/pm

Where was the vehicle stolen from? (Please provide a full description of the location)

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Where were you going when you left your vehicle?

## Theft details *continued*

Who was with you when:

a) You left the vehicle?

Name

Address

b) The theft was discovered?

Name

Address

How did you return home after discovering the theft, e.g. Taxi, bus, friends? (Please provide full details)

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|                                    |     |    |
|------------------------------------|-----|----|
| Were all the vehicle doors locked? | Yes | No |
|------------------------------------|-----|----|

|                                      |     |    |
|--------------------------------------|-----|----|
| Were all the windows fully wound up? | Yes | No |
|--------------------------------------|-----|----|

|                                |     |    |
|--------------------------------|-----|----|
| Were the keys in the ignition? | Yes | No |
|--------------------------------|-----|----|

|   |      |    |
|---|------|----|
| Were the keys in or about the vehicle? <i>*If yes, please provide details</i> | Yes* | No |
|---|------|----|

How many sets of keys do you have, and where are the keys now?

|  |      |    |
|--|------|----|
| Does the vehicle have any form of additional security e.g. Alarm, steering lock? | Yes* | No |
|--|------|----|

*\*If yes, please provide details*

|                    |     |    |
|--------------------|-----|----|
| Was it being used? | Yes | No |
|--------------------|-----|----|

|                               |      |      |
|-------------------------------|------|------|
| Has the vehicle been located? | Yes* | No** |
|-------------------------------|------|------|

*\*If yes, please provide the following details*

*\*\* If no, go to vehicle condition prior to theft section*

Where was the vehicle found?

By whom?

|            |            |       |
|------------|------------|-------|
| Date found | Time found | am/pm |
|------------|------------|-------|

Who arranged salvage?

Police Station and Police Officer attending

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Please describe damage to the vehicle

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Please state current location of the vehicle

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Theft details *continued*

Where can your vehicle be inspected?

- At repairer now
- Repairer to phone us when vehicle available
- Other (please give details)

Did you have any personal effects stolen? Yes\* No  
*\*If yes, which company are your contents insured with?*

Vehicle condition prior to theft

What was the speedo reading? km/mi

Paintwork Interior trim

Motor/transmission (detail nature and cost of any major work since purchase)

Body panels (rust or dents)

Age of tyres LF RF LR RR

What accessories were  
a) On the vehicle when purchased?

b) Fitted since purchase?

Who normally services the vehicle?

When was the last W.O.F issued, and by whom?

What do you consider the vehicle’s market value to have been at the time of the theft?

\$

What do you base this opinion on?

Vehicle condition prior to theft continued

Stolen/damaged accessories

| List any accessories stolen from the vehicle | When and where purchased | Purchased price | Replacement cost |
|--|--------------------------|-----------------|------------------|
|  |                          | \$              | \$               |
|  |                          | \$              | \$               |
|  |                          | \$              | \$               |
|  |                          | \$              | \$               |
|  |                          | \$              | \$               |

Additional comments

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Declaration

I hereby declare that the information contained on this claim form is correct and true to the best of my knowledge and belief. I understand the collection of the foregoing particulars is pursuant to my claim and that failure to provide this information may result in the claim being declined. I further authorise and consent to the disclosure of information which is relevant to the assessment or investigation of this claim under the terms and conditions pursuant to the Privacy Act 2020 and I agree to MAS releasing to any other party information regarding this claim.

Signature

Date

For assistance call 0800 800 627 or visit mas.co.nz

