Claim Form

Autolife Mechanical Breakdown Insurance Claims Procedures

In the event of a claim under your policy, please follow these instructions -

- 1. Phone Autolife on 0800 288 654 to advise details of your claim and to ascertain the name of the nearest MTA Approved Authorised Repair Facility.
- 2. Discuss with Autolife the best way to deliver your vehicle to the Authorised Repair Facility (it may need to be towed if it cannot be driven safely without causing further damage).
- 3. On arrival at the Authorised Repair Facility, present your Warranty Booklet so the repairer can determine if the breakdown constitutes a valid claim under the terms of the policy.
- 4. The Authorised Repairer will contact our office to discuss the nature of the claim, the estimated cost of repair and to seek authorisation to complete the repairs.

Please also note the following important items -

- 1. It may be necessary for the repairer to dismantle parts to determine the cause of the fault. In this case only you can authorise this work as the contract for repair is between yourself and the repairer. Once the fault and its cause have been correctly determined we may then agree to indemnify you in relation to the costs covered by this policy.
- 2. You will be required to complete this Claim Form and attach copies of Service Invoices.
- 3. Failure to follow these procedures may prejudice your entitlement to claim.
- 4. Repairs commenced without the **prior** approval of Autolife will **not** be covered.

You complete this section.

Firstly, tell us about y	ou and your car				
Your Policy No.		Date of Claim	1	/	
Your Name					
Your Address					
Vehicle Make		Vehicle Model			
Registration		Odometer			
Now, tell us what hap	pened to you and yo	our car			
Briefly describe the fault or failure that you are claiming for today					
And when did you fin	rst notice this fault or	failure? Date	1	1	
			AL C	Fv08/16 1	ı

Detailed description of the failure and ren	nedies sought
Detailed description of the failure and fer	nedies sought
_	
Please attach a Quote / Report by the	MTA Approved Authorised Repairer.
The completed Claim Form can be sent to	o Autolife by either -
The completed Claim Form can be sent to	o Autolife by either - 363 2137 Attn: Autolife Claims
The completed Claim Form can be sent to Email claims@autolife.co.nz or Fax (09)	o Autolife by either -
The completed Claim Form can be sent to Email claims@autolife.co.nz or Fax (09) Claim Form Checklist (all boxes must be ticked to confirm	o Autolife by either - 363 2137 Attn: Autolife Claims
The completed Claim Form can be sent to Email claims@autolife.co.nz or Fax (09) Claim Form Checklist (all boxes must be ticked to confirm terms have been completed and / or	o Autolife by either - 363 2137 Attn: Autolife Claims Completed Claim Form
The completed Claim Form can be sent to Email claims@autolife.co.nz or Fax (09) Claim Form Checklist (all boxes must be ticked to confirm terms have been completed and / or	o Autolife by either - 363 2137 Attn: Autolife Claims Completed Claim Form
The completed Claim Form can be sent to Email claims@autolife.co.nz or Fax (09) Claim Form Checklist (all boxes must be ticked to confirm tems have been completed and / or attached to the submitted claim)	o Autolife by either - 363 2137 Attn: Autolife Claims Completed Claim Form Quote / Report (Repairer)
The completed Claim Form can be sent to Email claims@autolife.co.nz or Fax (09) Claim Form Checklist (all boxes must be ticked to confirm tems have been completed and / or attached to the submitted claim) Declaration by you and your MTA App	o Autolife by either - 363 2137 Attn: Autolife Claims Completed Claim Form Quote / Report (Repairer)
The completed Claim Form can be sent to Email claims@autolife.co.nz or Fax (09) Claim Form Checklist (all boxes must be ticked to confirm tems have been completed and / or attached to the submitted claim) Declaration by you and your MTA App We declare, and / or authorise: All items in this claim form have been completed and / or authorise.	o Autolife by either - 363 2137 Attn: Autolife Claims Completed Claim Form Quote / Report (Repairer) roved Authorised Repairer accurately. Please note failure to provide full and corre
The completed Claim Form can be sent to Email claims@autolife.co.nz or Fax (09) Claim Form Checklist (all boxes must be ticked to confirm items have been completed and / or attached to the submitted claim) Declaration by you and your MTA App I/We declare, and / or authorise: All items in this claim form have been completed a information could result in this claim not being accompleted and information could result in this claim not being accompleted.	o Autolife by either - 363 2137 Attn: Autolife Claims Completed Claim Form Quote / Report (Repairer) roved Authorised Repairer accurately. Please note failure to provide full and correcepted by Beneficial Insurance Limited ('BIL')
The completed Claim Form can be sent to Email claims@autolife.co.nz or Fax (09) Claim Form Checklist (all boxes must be ticked to confirm items have been completed and / or attached to the submitted claim) Declaration by you and your MTA Apple (1997) We declare, and / or authorise: All items in this claim form have been completed a information could result in this claim not being according to the country of this claim shall entitle.	o Autolife by either - 363 2137 Attn: Autolife Claims Completed Claim Form Quote / Report (Repairer) roved Authorised Repairer accurately. Please note failure to provide full and correcepted by Beneficial Insurance Limited ('BIL') le BIL to submit the dispute to arbitration.
The completed Claim Form can be sent to Email claims@autolife.co.nz or Fax (09) Claim Form Checklist (all boxes must be ticked to confirm items have been completed and / or attached to the submitted claim) Declaration by you and your MTA App I/We declare, and / or authorise: All items in this claim form have been completed a information could result in this claim not being accomply dispute over payment of this claim shall entitle The disclosure of personal information of the Police	o Autolife by either - 363 2137 Attn: Autolife Claims Completed Claim Form Quote / Report (Repairer) roved Authorised Repairer accurately. Please note failure to provide full and correcepted by Beneficial Insurance Limited ('BIL') le BIL to submit the dispute to arbitration. cy Holder held by any other party regarding this claim an
The completed Claim Form can be sent to Email claims@autolife.co.nz or Fax (09) Claim Form Checklist (all boxes must be ticked to confirm items have been completed and / or attached to the submitted claim) Declaration by you and your MTA App I/We declare, and / or authorise: All items in this claim form have been completed a information could result in this claim not being accomply dispute over payment of this claim shall entitled the disclosure of personal information of the Policibility in the disclosure of personal information information.	o Autolife by either - 363 2137 Attn: Autolife Claims Completed Claim Form Quote / Report (Repairer) roved Authorised Repairer accurately. Please note failure to provide full and correcepted by Beneficial Insurance Limited ('BIL') le BIL to submit the dispute to arbitration. cy Holder held by any other party regarding this claim and of the Policy Holder regarding this claim.
The completed Claim Form can be sent to Email claims@autolife.co.nz or Fax (09) Claim Form Checklist (all boxes must be ticked to confirm items have been completed and / or attached to the submitted claim) Declaration by you and your MTA App I We declare, and / or authorise: All items in this claim form have been completed a information could result in this claim not being according to the payment of this claim shall entitled the disclosure of personal information of the Polic BIL releasing to other parties personal information of the Polic BIL or its authorised agent to give or obtain from the sent the sent to give or obtain from the sent the sent to give or obtain from the sent to give or	o Autolife by either - 363 2137 Attn: Autolife Claims Completed Claim Form Quote / Report (Repairer) roved Authorised Repairer accurately. Please note failure to provide full and correcepted by Beneficial Insurance Limited ('BIL') le BIL to submit the dispute to arbitration. cy Holder held by any other party regarding this claim and of the Policy Holder regarding this claim. other insurers or other parties any information relating to
The completed Claim Form can be sent to Email claims@autolife.co.nz or Fax (09) Claim Form Checklist (all boxes must be ticked to confirm items have been completed and / or attached to the submitted claim) Declaration by you and your MTA App I/We declare, and / or authorise: All items in this claim form have been completed a information could result in this claim not being accomply a complete over payment of this claim shall entitle the disclosure of personal information of the Polic BIL releasing to other parties personal information BIL or its authorised agent to give or obtain from the control of the policies.	o Autolife by either - 363 2137 Attn: Autolife Claims Completed Claim Form Quote / Report (Repairer) roved Authorised Repairer accurately. Please note failure to provide full and correcepted by Beneficial Insurance Limited ('BIL') le BIL to submit the dispute to arbitration. cy Holder held by any other party regarding this claim and of the Policy Holder regarding this claim. other insurers or other parties any information relating to
The completed Claim Form can be sent to Email claims@autolife.co.nz or Fax (09) Claim Form Checklist (all boxes must be ticked to confirm items have been completed and / or attached to the submitted claim) Declaration by you and your MTA Apple I/We declare, and / or authorise: All items in this claim form have been completed a information could result in this claim not being according to the payment of this claim shall entited. The disclosure of personal information of the Policible BIL releasing to other parties personal information any insurance held or claim made by the Policy Help and thelp and the policy Help and the policy Help and the policy Help a	o Autolife by either - 363 2137 Attn: Autolife Claims Completed Claim Form Quote / Report (Repairer) roved Authorised Repairer accurately. Please note failure to provide full and correcepted by Beneficial Insurance Limited ('BIL') le BIL to submit the dispute to arbitration. cy Holder held by any other party regarding this claim and of the Policy Holder regarding this claim. other insurers or other parties any information relating to
Any dispute over payment of this claim not being accommodated and dispute over payment of this claim shall entitle. The disclosure of personal information of the Police BIL releasing to other parties personal information BIL or its authorised agent to give or obtain from any insurance held or claim made by the Policy Holder	o Autolife by either - 363 2137 Attn: Autolife Claims Completed Claim Form Quote / Report (Repairer) roved Authorised Repairer accurately. Please note failure to provide full and correcepted by Beneficial Insurance Limited ('BIL') le BIL to submit the dispute to arbitration. cy Holder held by any other party regarding this claim and of the Policy Holder regarding this claim. other insurers or other parties any information relating to lolder.

autolife