

## CLAIM FORM

### 1. Policyholder(s) Details

<b>Policy Number:</b>	<input type="text"/>	<b>Claim No:</b>	<input type="text"/>
Full Name:	<input type="text" value="Mr/Mrs/Miss/Ms"/>		
Residential Address:	<input type="text"/>	Date of birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Phone Numbers:	Home: <input type="text"/>	Business: <input type="text"/>	Mobile: <input type="text"/>
Email:	Home: <input type="text"/>	Business: <input type="text"/>	
Occupation:	<input type="text"/>	Employer: <input type="text"/>	

### 2. Details of Claim

Date of loss or incident:  /  /  Day of loss or incident  Time of loss or incident  am/pm

Location of where the loss or incident occurred

Please state full details of what happened

Was the loss caused by a person other than yourself?  YES  NO

If "Yes", please give name, address and telephone number of person causing the loss

If a burglary:

i) Please state means of entry

ii) Was damage caused by gaining entry?  YES  NO

If "Yes", what damage was caused?

### 3. Police Details (If burglary, theft, loss or malicious damage)

Has the loss been reported to the Police?  YES  NO

If "Yes", please attach the Police Acknowledgement Form and complete details below

Date Reported  /  /  Which Police Station

Police File Number  Was a list of missing items given to the Police?  YES  NO

(Please note we may request a copy of this from the Police)

### 4. Further Information

Is there insurance with any other Company relating to this loss? If "Yes", please give details  YES  NO

Are you the sole owner of the property? If "No", please give details eg. Under joint ownership, mortgage, hire purchase  YES  NO

Do you occupy the premises as the owner or tenant?  OWNER  TENANT Were the premises occupied at the time of loss?  YES  NO

Have you made any other insurance claims over the last five years or have you or any member of your family ever had an insurance claim declined?  YES  NO

If "Yes", please give details below

Have you, or any member of your family living with you, ever been charged or convicted of any criminal offence other than driving offences?  YES  NO

If "Yes", please give details below

Have you ever had an insurance policy declined, or had special terms imposed? If "Yes", please give details below  YES  NO

## 5. Property Schedule

Full description including make & model	Date purchased or received	From Whom Purchased	New or Secondhand	If secondhand age when purchased	Price Paid	Present cost of replacement article

Note: In the case of property lost or stolen we will require proof of ownership. To assist in settlement of such claims, please forward with the claim form from the receipt, credit card slip or other document issued to you at the time of purchase. Copies of relevant receipts, credit card slips or other supporting documents are attached. If No, please state why.

YES	NO
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## 6. Direct crediting authority

If your claim is accepted and there are payment(s) to you, we can pay this amount direct into your bank account by direct credit. If you would like us to make this direct credit, please complete details below. You will be advised if a payment has been made following acceptance of your claim.

Do you wish to use this facility?  YES  NO Name of Account

I/We authorise the payment to be made into this bank account. (Please attach a deposit slip)

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Bank

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Branch

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Account Number

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Suffix

## 7. Declaration/Privacy Act 1993/Insurance Claim Register:

**I/We declare that to the best of my/our knowledge and belief these particulars are complete and correct.**

I/We

- Agree to give any further information that may be required;
- Understand you require this personal information, which will be retained by you the insurer, at your registered office, before you can evaluate my/our claim;
- Authorise the disclosure of this personal information regarding this claim to other parties;
- Authorise the obtaining by you from any other party personal information about me/us that is in your view relevant to this claim;
- Authorise the obtaining by you from Insurance Claims Register Limited (ICR Ltd), which holds details of claims made by me/us under policies with other insurers, personal information about me/us that is in your view relevant to this claim;
- Authorise you to place details of this claim on the database if ICR Ltd, PO Box 474, Wellington, where it will be retained and be available to other insurance companies to inspect;
- Understand that I am/we are entitled to have certain rights of access to and correction of the personal information held by you and ICR Ltd.

The collection of this information is required under the terms of your policy. Failure to provide it may result in your claim being declined.

Date / /

Signature of the Policy holder(s) (If the policy is in joint names, both signatures are required)

*Please attach proof of ownership, ie. Receipts, credit card slips or other supporting documents here.*