GENERAL CLAIM ADVICE

Personal Commercial Loss Type .....

Claim No : .....
Insurance Coy : .....
Branch : .....
Policy No : .....
Due Date : .....
Excess : .....

PRIVATE BAG 92116
VICTORIA STREET
AUCKLAND 1142

PHONE (09)623-5333
FAX (09) 623-5330

Pursuant to the Privacy Act 1993 the following is brought to your attention:

(a) This claim form collects personal information about you;
(b) The information is collected to evaluate your claim;
(c) The intended recipient of the information is: .....
.....
hereinafter called "the Company") and is being held by them at .....
(d) The collection of this information is required pursuant to the terms of your insurance policy;
(e) The failure to provide this information may result in your claim being declined;
(f) You have the rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

A. POLICY HOLDER

Full name of insured: Mr/Mrs/Miss/Ms.....

Postal Address..... Telephone Day.....

Occupation ..... Employer ..... Night .....

B. CIRCUMSTANCES OF LOSS. PLEASE COMPLETE IN ALL CASES

1) Date: ...../...../2..... Day:..... Time:.....
2) Where did loss occur? .....
3) Please explain what happened: .....
.....
.....
.....
.....
4) Is there any other insurance with any Company relating to this loss? If so, give particulars: .....
.....
5) If loss caused by another person, please give name and address: .....
.....
6) Have you, within the past 5 years, made a claim against any Insurance Company? If so, please supply details including Company name:
.....

C. COMPLETE IN ALL CASES RELATING TO PROPERTY LOSS OR DAMAGE

1) Are you the sole owner of the property concerned? Yes No

If No, supply details of other interest and party concerned .....
.....

2) If burglary, loss, or theft claim
To which Police Station was it reported? : No: ..... Date Reported.....

Acknowledgement form attached. Yes ☐ No ☐

If burglary, state means of entry to premises.....

PROPERTY SCHEDULE

N.B. In the case of loss, please attach proof of ownership/purchase receipts and quotes for replacement cost to save delays.

Description of property lost or damaged (State each article/item separately)	Date Purchased & Price	Present Cost of Replacement	Depreciation for Age & Condition	Value of Salvage (if any)	Amount Claimed

PROPERTY SCHEDULE CONTINUED

Description of property lost or damaged (State each article/item separately)	Date Purchased & Price	Present Cost of Replacement	Depreciation for Age & Condition	Value of Salvage (if any)	Amount Claimed
				B/FWD	
				TOTAL	

D. GLASS BREAKAGE

- If you are the tenant of commercial premises, please provide proof that you are liable under the terms of your lease –

Description (Plain, Plate Etc.)	Height	Width	Where fixed (window, door, etc)

E. PUBLIC LIABILITY

1. Name and address of owner of property damaged.....

Phone No:..... Insurance Co: ..... (if known)

Was the owner known to you?..... In what capacity?.....

2. Has a claim been made on you? Yes ☐ No ☐

If 'Yes' advise details .....

.....

3. Names and address of witnesses of accident

Name: ..... Phone:.....

Name: ..... Phone:.....

Name: ..... Phone:.....

DECLARATION

Note: Failure to provide full and truthful information could result in the Claim being declined.

I/We authorise the disclosure of my/our personal information held by other parties which relate to this claim.

I/We agree to The Company disclosing my/our personal information regarding this claim to:

(a) Other members of the Insurance industry; and
(b) Parties who have a financial interest in the subject matter of the claim.

All the information and answers given on this claim form are correct. We authorise The Company to act on my/our behalf.

Insured Signature: ..... Date:.....

.....

(If Company, state capacity)

IF CLAIM IS FOR BURGLARY, THEFT OR LOSS THE FOLLOWING STATUTORY DECLARATION MUST BE COMPLETED

I hereby declare that the answers given above are in every respect correct and I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declaration Act 1957.

Signature:.....

Dated at: .....this.....day of Year .....

Before Me:.....

Justice of the Peace or Solicitor or other person authorised to take a Statutory Declaration