



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