general claims advice



1. Policy Holder		Policy Number				
Full Name						
Address	Address					
Home Phone		Work Phone				
Mobile		Email				
2. Circumstances of Loss (Please complete in all cases)						
Date	LUSS (Flease Complete in all Cases)	Timo				
Where did loss occur?		Time				
Please explain						
what happened						
Is there any other insurance with any company relating to this loss? Yes No						
If "yes" give details here:						
Have you, within the past 5 years, made a claim against any insurance company? Yes No						
If "yes" give details here:						
If loss caused by another person, please give name, address & phone number						
3. Complete in all Cases Relating to Property Damage						
Are you the sole owner of the property concerned? Yes No						
If "no" please give details of other interest and party concerned:						
If burglary, loss or	r theft claim, to which police station was it reported?					
/	Acknowledgement form attached Yes No	Da	te Reported			
	If burglary, state means of entry to premises					

4. Property Schedu	le					
NB: In the case of loss, please attach proof of ownership/purchase receipts and quotes for replacement costs to save delays. Please send photos of damage if available.						
Include	property damaged, lost or stolen. brand name and model numbers. akage, give approximate measurement.	Information to assist in the calculation of the claim.				
		Where & When Purchased	Original Purchase Price	Present Day Replacement Cost		
		Taronacca		Hopiacomenic cost		
5. Hire Purchase/Fi	nance					
Is the lost or damaged pr	operty:					
(a) Under Hire Purchase	or lien of any kind? Yes No					
If "yes" give details here:						
(b) Still subject to the original Maker's Guarantee? Yes No						
If "yes" give details here:						
6. Bank Account Details/Direct Credit Payments. Please fill out by hand						
If you would like any payment due to be paid direct to a bank account, please provide your account details (or provide a bank deposit slip).						
Name of Account						
	Bank Branch Accoun	t Number S	uffix			
	24.10. 7.6004.					
7. Declaration - Note: Failure to provide full and truthful information could result in the claim being declined. Please fill out by hand						
1. I/We agree to The Company disclosing my/our personal information regarding this claim to: (a) Other parties including other members of the Insurance Industry and the data base of the Insurance Claims Register (ICR Ltd) PO Box 474, Wellington,						
where it will be retained and made available to other insurance companies to inspect.						
(b) Parties who have a financial interest in the subject matter of the policy and parties repairing or replacing the subject matter of the claim.(c) I/We understand that I am/We are entitled to have certain rights of access to and correction of the personal information held by The Company and ICR Ltd.						
2. I/We agree to The Company obtaining personal information about me/us that is, in The Company's view, relevant to this claim.(a) From any other party including other members of the Insurance Industry and from Insurance Claims Register (ICR Ltd) which holds details of claims made by me/us under policies with other insurers.						
All the information and answers (whether written or oral) given to the Company in connection with this claim are correct and that no information relevant to the claim has been omitted. I/We authorise The Company to act on my/our behalf.						
Insured Signature			Date			
(If company, state capacity)				<u> </u>		
Time Supuling)						

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

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