

GENERAL CLAIM FORM



Brokers & Consultants

PART A: POLICY HOLDER

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

Postal Address: _____ Phone: _____

Email: _____

Bank Account No. For Direct Credit Payment: _____

PART B: CIRCUMSTANCES OF LOSS. PLEASE COMPLETE IN ALL CASES

Date: _____ Day: _____ Time: _____

Where did the loss occur? _____

Please explain what happened: _____

Is there any other insurance with any Company relating to this loss?

If so, give particulars: _____

If loss caused by another person please give name and address: _____

Have you, within the past 5 years, made a claim against any Insurance Company?

If so, please supply details including Company name: _____

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

If No, supply details of other interest and party concerned: _____

If burglary, loss, or theft claim

To which Police Station was it reported? _____ *Date Reported:* _____

Acknowledgement from attached,

If burglary, state means of entry to premises: _____

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PART C: PROPERTY SCHEDULE

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
Or Attach Details					

PART D: PUBLIC LIABILITY

Name and address of owner of property damaged: _____
Phone No: _____ Insurance Co: _____ (If known)

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

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) P.O 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 Ltd (ICR Ltd) which holds details of claims made by me/us under policies with other insurers.

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

Insured Signature: _____ Date: _____

(If company, state capacity)