

PERSONAL <input type="checkbox"/>	COMMERCIAL <input type="checkbox"/>	LOSS TYPE
INSURANCE COMPANY	POLICY NO.	DUE DATE

**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:  
 The insurer named on your policy, herein after called ("the Company") and is being held by them at their Head Office
- 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 rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993

**01 POLICY HOLDER**

Surname of the Insured or name of company

First name(s) of Insured (Mr/Mrs/Miss/Ms)

Address

Home telephone  Business telephone

Mobile telephone

Email address

**02 CIRCUMSTANCES OF LOSS**

Date  Day  Time

Where did the loss occur?

Is there any other insurance with any company relating to this loss?  
 Y  N If **yes**, please provide details:

If loss caused by any other person, please provide name and address

Have you, within the past five (5) years, made a claim against any Insurance Company?  
 Y  N If **yes**, please provide details, including co. name:

**03 PLEASE EXPLAIN WHAT HAPPENED**
  
  
  
  
  
  
  
  
  
  
  
  

**04 COMPLETE IN ALL CASES RELATING TO PROPERTY DAMAGE**

Are you the sole owner of the property concerned?  
 Y  N

If **no**, please give details of other interest and party concerned

If burglary, loss or theft claim, to which Police Station was it reported?

Date reported  Acknowledgement form attached?  
 Y  N

If burglary, state means of entry to premises

Police file no.:

**04 PROPERTY SCHEDULE**

NB: 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)	PURCHASE DATE AND PRICE	PRESENT COST OF REPLACEMENT	AMOUNT CLAIMED

NB: Please continue on a separate sheet if necessary

**05 DIRECT CREDIT AUTHORITY**

If you would like any payment due to be paid direct to a bank account, please provide account details.

Name of Account/Account Number

BANK

BRANCH

ACCOUNT NUMBER

SUFFIX

**06 DECLARATION**

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

01 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 database of the Insurance Claims Register Ltd (ICR Ltd) 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.

02 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 the policies with other insurers.

Policyholder's signature/signed on behalf of all Insured's

Date