

Household goods & personal effects claim form

Marine



Business Insurance for
a growing New Zealand

Policy number _____

1. The completion of this form is not an admission of liability by the Insurer.

Claimant Name: _____ Phone: _____

Postal Address: _____

1.1 Certificate Number: _____ Where issued: _____

1.2 Vessel / Airline: _____ Date transit commenced: _____

1.3 Address where damage / loss occurred: _____

1.4 Full details of how loss or damage occurred (list item details on the following page): _____

1.5 Date of arrival: _____ Date loss discovered: _____

1.6 Who have you notified regarding this claim?
(Please list names and addresses of ship owners / carriers / police and any other parties you have notified): _____

1.7 What was the result of any claim made against a third party? (Please attach any correspondence to this claim form): _____

1.8 Are you insured against theft, loss or damage with any other insurance company? Yes No

If Yes, name of insurance company: _____

1.9 Estimated total sound value of all effects in the entire shipment before loss or damage: \$ _____ Currency: _____

2. 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 NZI Marine, an IAG New Zealand Ltd brand.
- (d) The information is being collected and held by IAG New Zealand Limited, PO Box 493, Auckland.
- (e) The collection of this information is required pursuant to the terms of your insurance policy;
- (f) The failure to provide this information may result in your claim being declined;
- (g) You have rights of access to and correction of this information, subject to the provisions of the Privacy Act 1993.

3. Declaration

I/We declare the foregoing statements are true and correct and the goods/property described herein were damaged, lost or stolen under the circumstances I/we have described on this claim form.

Signature: _____ Date: dd / mm / yyyy

Print Name: _____

