## General Claim Form



If you need any help with this form, please contact the nearest NZI Branch or your insurance advisor.

- If you supply any untrue or false information and know that it is not true NZI shall have the right to refuse the claim.
- We recommend that you read the Claims section of your policy.
- Please answer all the questions on this form. If a question does not apply to your claim, please answer "N/A".
- You must not incur any expense (unless it is to minimise the loss), or admit fault, without our permission.

Part A: The insured	Part A:	ıne	insured
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Na	ame:	Polic	y number:		
	stal address umber/Street:	Subı	ırb:		
To	wn/City:		Post	code:	
	NTACTS ome phone:	Fax:	Best time to cor	ıtact:	
М	obile phone:	Emai	il:		
Ва	your claim is accepted and you wish to be nk Account:  art B: The loss or damage  Where did the loss or damage happen?				
	When did the accident happen?		Time:	AM []	PM
3.	When did you first know about it?				
4.	How did the loss or damage happen? (	please give full details):			
5.	Have you done anything to reduce or re  If 'Yes', please give details:	_		Yes	No _
	Were there any witnesses?			Yes	No _
7.	Do you think that any other person is real of you have answered "Yes" to question	•	_	Yes	No



P	art C: Burglary theft				
1.	Does this claim involve burglary, theft, unexplained loss or intentional damage?			Yes	No
	If "NO" please go to Part D.				
	If "YES" it must be reported to the Police – questions 2 & 3 answered.				_
2.	Is a Police Complaint Acknowledgement attached?			Yes	No
	If "No" please complete the details below:				
	Reported by:		Date: _		
	to (Station Name):	Complaint Ref. No:			
	Name of Attending Officer:				
3.	If the loss or damage was through a burglary (or an attempted burglary):				
	Did the premises have a burglar alarm?	Yes	No	] Don't	know
	If "YES", was the alarm on at the time the loss or damage happened?	Yes	No	] Don't	know
P	art D: General questions				
1.	Do you have any other insurance which covers this loss or damage?			Yes	No
2.	Have you claimed on any type of property insurance in the past 5 years?			Yes	No
	If "YES" to question 1 or 2 please give full details (include date, type of claims an	d name of Insurer):			

## Part E: The property lost or damaged

- > To support ownership and the amounts claimed, please attach receipts, valuations, guarantees, current quotations or other documents.
- If repairs have been paid for, please attach a receipt or account.
- Wilful or reckless exaggeration of any amount claimed will forfeit the claim.
- If at all possible, keep damaged items available so that we can inspect them if needed.

December of Items	From whom Obtained	Date	Current		OFFICE USE	
Description of Item (include and serial #)	(name and address)	Obtained*	Replacement Cost	Repair Cost	Deduction for Age, Use or Wear & Tear	Annual Premium
econdhand, state the item age	when obtained.				AMOUNT	s
nere is not enough roo	re is not enough room to list everything you are claiming for, please attach an additional list.				EXCESS	\$
					CLAIM TOTAL	\$
there an additional list a	ittached?	,	Yes	No		

Page 2 / NZ3412/7 02/17



1.	•	he lost or damaged property?		Yes	No			
	If "NO", please give full deta	ails of the owner, or of any other person who	owns a share of the property:					
	Owners name and address:							
			Telephone:					
2.	Is any of the lost or damage	d property subject to any financial or hire pur	rchase agreement?	Yes	No			
	-	ails of any mortgagee, etc below:	, and the second					
	Company and address:							
3.	If the lost or damaged proper	erty is a building, who occupies it? se give their details below:		Owner	Other			
	Name and address:							
_			lelephone					
	art F: Declaration a	and signature						
	eclare that:							
1.	MATERIAL FACTS	<ul><li>(a) All information given to NZI in connection with this claim (whether oral or written) is true and correct;</li></ul>						
		(b) No information relevant to the claim i	s omitted.					
2.	USE OF INFORMATION	(a) My personal information collected by			ed to:			
(i) other members of the insurance industry and Insurance Claims Register Lim								
	<ul><li>(ii) parties repairing or replacing the subject matter of the claim;</li><li>(iii) parties who have a financial interest in the subject matter of the policy;</li></ul>							
		(iii) parties who have a financial intere (b) My personal information held by any		-	ao disclasad			
		to NZI;	other parties in connection with	tilis Claiiti illay i	e disclosed			
Ple	ease note:							
•	We gather information about you (including your claims history) to consider your claim. The terms of your insurance policy require you to supply this information, and if you do not to provide it, or if you provide any false or untrue information, we may decline your claim.							
•	This information is held by us and you may access it. It may be passed onto other insurers you deal with, repairers and mortgagees etc.							
•		l onto, and held by, Insurance Claims Register ms.	r Ltd. This enables other insurers	you deal with to	o access it,			
SIG	GNED ON BEHALF OF ALL II	NSUREDS:						
Sic	inature:		Date	··				