

# GENERAL CLAIM FORM

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

- Warning: 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

Name: \_\_\_\_\_ Policy number: \_\_\_\_\_

### POSTAL ADDRESS

Number/Street: \_\_\_\_\_ Suburb: \_\_\_\_\_

Town/City: \_\_\_\_\_ Post code: \_\_\_\_\_

### CONTACTS

Home phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Best time to contact: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Email: \_\_\_\_\_

If your claim is accepted and you wish to be paid direct into your account, please fill out the details below:

Bank Account:

## PART B: THE LOSS OR DAMAGE

1. Where did the loss or damage happen? (please give the full address or details of the location): \_\_\_\_\_

2. When did the accident happen? Date: \_\_\_\_\_ 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 recover the loss or damage? Yes  No

If 'Yes', please give details: \_\_\_\_\_

6. Were there any witnesses? Yes  No

7. Do you think that any other person is responsible for the loss or damage? Yes  No

If you have answered "Yes" to questions 6 or 7, please give details: \_\_\_\_\_

**PART 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

**PART 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 and 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.

DESCRIPTION OF ITEM (INCLUDE AND SERIAL #)	FROM WHOM OBTAINED (NAME AND ADDRESS)	DATE OBTAINED*	CURRENT REPLACEMENT COST	REPAIR COST	OFFICE USE	
					DEDUCTION FOR AGE, USE OR WEAR & TEAR	ANNUAL PREMIUM
*if secondhand, state the item age when obtained.					AMOUNT	\$
					EXCESS	\$
					CLAIM TOTAL	\$

Is there an additional list attached? Yes  No

1. Are you the sole owner of the lost or damaged property? Yes  No

If "NO", please give full details 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 damaged property subject to any financial or hire purchase agreement? Yes  No

If "YES" please give full details of any mortgagee, etc below:

Company and address: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

3. If the lost or damaged property is a building, who occupies it? Tenants  Owner  Other

If "Tenants" or "Other" please give their details below:

Name and address: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

## PART F: DECLARATION AND SIGNATURE

I declare that:

### 1. MATERIAL FACTS

(a) All information given to NZI in connection with this claim (whether oral or written) is true and correct;

(b) No information relevant to the claim is omitted.

### 2. USE OF INFORMATION

(a) My personal information collected by NZI in connection with this claim may be disclosed to:

(i) other members of the insurance industry and Insurance Claims Register Limited;

(ii) parties repairing or replacing the subject matter of the claim;

(iii) parties who have a financial interest in the subject matter of the policy;

(b) My personal information held by any other parties in connection with this claim may be disclosed to NZI.

### Please 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.
- Your claims history is passed onto, and held by, Insurance Claims Register Ltd. This enables other insurers you deal with to access it, and prevents fraudulent claims.

### SIGNED ON BEHALF OF ALL INSURED:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MANAGED BY



IN PARTNERSHIP WITH

