GENERAL CLAIMS ADVICE

C&G Rothbury
Insurance Brokers since 1950

☐ PERSONAL ☐ COMMERCIAL LOSS TYPE

INSURANCE COMPANY

CLIENT NUMBER **if known**

POLICY NUMBER DUE DATE

C&G ROTHBURY CLAIM REFERENCE NUMBER

EXCESS

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:

herein after called ("the Company") and is being held by them at

(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

1. POLICY HOLDER

Full Name of Insured (Mr / Mrs / Miss / Ms)

Address

Home Telephone Business Telephone

Mobile Telephone

E-mail address

2. CIRCUMSTANCES OF LOSS

Please complete in all cases

Date Day Time

Where did loss occur?

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

☐ Yes – if 'yes', please give details: ☐ No

Please explain what happened

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?

☐ Yes – if 'yes', please give details including co. name: ☐ No

3. COMPLETE IN ALL CASES RELATING TO PROPERTY DAMAGE

Are you the sole owner of the property concerned?

☐ Yes ☐ No

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

☐ Yes ☐ No

If burglary, state means of entry to premises

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)	DATE PURCHASED AND PRICE	PRESENT COST OF REPLACEMENT	DEPRECIATION FOR AGE AND CONDITION	VALUE OF SALVAGE (IF ANY)	AMOUNT CLAIMED

If more space is required, please complete on a separate page. Questions and Declaration on the back of this form must be completed. **TOTAL**

4. GLASS BREAKAGE

If you are the tenant of commercial, please provide proof that you are liable under the terms of your lease.

DESCRIPTION (PLAIN, PLATE, ETC)	HEIGHT	WIDTH	WHERE FIXED (WINDOWS, DOOR, ETC)

5. PUBLIC LIABILITY

Name of owner of property damaged

Address of owner of property damaged

Telephone number

Insurance Company (if known)

Was the owner known to you?

☐ Yes ☐ No

If yes, in what capacity?

Has a claim been made on you?

☐ Yes ☐ No

Name of witness of accident

Address

Telephone number

Mobile phone number

Name of witness of accident

Address

Telephone number

Mobile phone number

Description of damage

6. DIRECT CREDITING AUTHORITY

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

Name of account

BANK BRANCH ACCOUNT NUMBER SUFFIX

7. 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 database of the Insurance Claims Register (ICR Ltd), PO 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 the policies with other insurers.

All the information and answers (whether written or oral) given to the Company in connection with this claim are correct and that no information relevant to the claim has been omitted. I/we authorise the Company to act on my/our behalf.

Insured's signature (if company, state capacity) **Date**

IF CLAIM IS FOR BURGLARY, THEFT OR LOSS, THE FOLLOWING STATUTORY DECLARATION MUST BE COMPLETED.

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

Signature

Declared at this day of Year

before me Justice of the Peace or Solicitor or other person authorised to take a Statutory Declaration.