

# General claim form



PERSONAL <input type="checkbox"/>	COMMERCIAL <input type="checkbox"/>	LOSS TYPE
INSURANCE COMPANY	CLIENT NO IF KNOWN	ROTHBURY CLAIM REFERENCE NO
POLICY NO	EXCESS	DUE DATE

FOR OFFICE USE ONLY

**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

**01 POLICY HOLDER**

Full name of insured (Mr/Mrs/Miss/Ms) <input type="text"/>	Home telephone <input type="text"/>	Business telephone <input type="text"/>
Address <input type="text"/> <input type="text"/> <input type="text"/>	Mobile telephone <input type="text"/>	Email address <input type="text"/>

**02 CIRCUMSTANCES OF LOSS** Please complete in all cases

Date <input type="text"/>	Day <input type="text"/>	Time <input type="text"/>	If loss caused by another person, please give name and address <input type="text"/> <input type="text"/>
Where did loss occur? <input type="text"/>			
Is there any other insurance with any company relating to this loss? <input type="checkbox"/> Y <input type="checkbox"/> N    If <b>yes</b> , please give details <input type="text"/> <input type="text"/>			Have you, within the past five (5) years, made a claim against any Insurance Company? <input type="checkbox"/> Y <input type="checkbox"/> N    If <b>yes</b> , please give details including co. name <input type="text"/> <input type="text"/>

Please explain what happened – continue on a separate sheet if necessary.


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

Are you the sole owner of the property concerned? <input type="checkbox"/> Y <input type="checkbox"/> N If <b>no</b> , please give details of other interest and party concerned <input type="text"/> <input type="text"/>	If burglary, loss, or theft claim, to which Police Station was it reported? <input type="text"/>
	Date reported <input type="text"/>
	Acknowledgement form attached <input type="checkbox"/> Y <input type="checkbox"/> N
	If burglary, state means of entry to premises <input type="text"/>

**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	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.			<b>TOTAL</b>

**04 GLASS BREAKAGE**

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

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

**05 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?  
 Y  N

If **yes**, in what capacity?

Has a claim been made on you?  
 Y  N

Description of damage

Name of witness of accident/event

Address

Telephone number  Mobile phone number

Name of witness of accident/event

Address

Telephone number  Mobile phone number

Have you obtained an estimate for repairs?  
 Y  N

Amount of estimate obtained \$

**06 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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BANK	BRANCH	ACCOUNT NUMBER	SUFFIX

**07 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 (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.
- 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.

Insured's signature (If company, state capacity)  Date