

# General claim form



Client number if known

**Do you know you can send photos and receive claim notifications via the Rothbury App – Download it now!**

## 1 POLICY HOLDER DETAILS

Full name of insured (Mr/Mrs/Miss/Ms)

Address

Home telephone

Business telephone

Mobile telephone

Email 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?

Y  N **If yes, please give details**

If loss caused by another person, please give name and address

Have you, within the past five (5) years, made a claim against any Insurance Company?

Y  N **If yes, please give details including co. name**

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?

Y  N

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

Y  N

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	AMOUNT CLAIMED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

**TOTAL**

**For Glass Breakage Claims – If you are a tenant of a commercial building, please provide proof that you are liable under the terms of your lease.**

#### 4 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 \$

#### 5 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

BANK BRANCH ACCOUNT NUMBER SUFFIX

#### 6 DECLARATION

- I/We
1. Declare that to the best of my/our knowledge the information provided in support of the claim is correct and complete in all ways and there is no further information relevant to the claim.  
Please Note: The collection of this information is required under the terms of your policy in order for the claim to be evaluated. Failure to provide complete and correct information may result in the claim being declined.
  2. Agree to provide any further information that may be required;
  3. Authorise the disclosure and obtaining, of my/our personal information in respect of this claim, to and from parties including

- Insurers, intermediaries and other members of the Insurance Industry, the insurance Claims Register PO Box 474, Wellington, where information is retained and made available to other insurers and other parties relevant to your claim including those with a financial interest in, and/or involved in the repairing or replacing of, the subject matter of the claim.
4. Understand I/we have certain rights of access to and correction of my/our personal information pursuant to the Privacy Act 1993; and
  5. All information collected will be held by Rothbury Insurance Brokers, 1 Queen Street, Auckland and/or the Insurer.

Signature of Policyholder/Insured	Full name	Position	Date
	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### FOR OFFICE USE ONLY

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