

GENERAL CLAIM AD Personal Commercial D Claim No Insurance Coy Insuranc	Loss Type	(a) This (b) The (c) The (here Offic (d) The your (e) The decl (f) You	claim form collectinformation is co- intended recipier einafter called "The collection of this insurance policy failure to provide ined; have rights of ac	cts personal inforulected to evaluate to fithe information e Company") and information is rectification information is this information in the company of th	on is: The Insurer d is being held by t quired pursuant to may result in your ection of, this infor	named. hem at their Head the terms of claim being
Full name of insured: Mr/Mrs/ Postal Address: Dccupation: Direct Credit Details – Accour Bank Branch Circumstances of Loss.plea	nt Name: Account Numl		Ni	elephone Day: ght:		
 Date://20 Where did the loss of the loss	Day:happened:	Time:				
Is there any other inst	surance with any Comp	any relating to this loss:	If so, give parti	culars:		
		e name and address:				
·	, ,	claim against any Insuran	ce Company? I	f so, please sup		ding Company
If No, supply details 2) If burglary, loss, or the Police Reference Nu	ner of the property conc of other interest and pa neft claim, to which Poli Imber:	erned? Yes / No rty concerned: ce Station was it reported	J:	Date	e reported:	
Property Schedule:						
N.B. In the case of loss, pleas Description of property lost or damage	se attach proof of owner d(separate items)	rship/purchase receipts a Date Purchased & Price	nd quotes for ro	eplacement cos Depreciation for Age & Condition	t to save delays. Vale of Salvage (if any)	Amount Claimed



Public Liability:

1)	Name and address of owner of property damaged:	
		nce Company (if known):t capacity?
2)	•	
3)	Name/Address:	Phone: Phone: Phone:
<u>Declara</u>	tion: Note – Failure to provide full and truthful inforn	nation could result in the Claim being declined.
1) 2)	 Ltd) Po Box 474 Wellington, where it will be reb. Parties who have a financial interest in the subsoft the claim. c. I/We understand that I am/We are entitled to held by The Company and ICR Ltd. I/We agree to The Company obtaining personal information. a. From any other party including other members which holds details of claims made by me/us to the party including other members. 	Insurance Industry and the data base of the Insurance Claims Register (ICR etained and made available to other Insurance Companies to inspect. Diect matter of the policy and parties repairing or replacing the subject matter have certain rights of access to and correction of the personal information action about me/us that is, in The Company's view, relevant to this claim. So of the Insurance Industry and from Insurance Claims Register Ltd (ICR Ltd)
	tion relevant to the claim has been omitted. I/We authori	
Insured	Signature:	Date:
If compa	any state capacity:	
If claim	is for Burglary, Theft or Loss, The following statutor	ry declaration must be completed.
	declare that the answers given above are in every response true and by virtue of the Oaths and Declaration Act 1	ect correct and I make this solemn declaration conscientiously believing the 1957
Signatu	re:	
Declare	d at:day of	Year
	me:of the Peace or Solicitor or other person authorised to tal	