

Commercial Claim Form



SPUA
SOUTHERN PACIFIC
UNDERWRITING AGENCY
LIMITED

Policyholder(s) Details

Policy Number

Claim No

Full Name

Residential Address

Date of Birth

Home No.

Mobile No.

Work No.

Home Email

Work Email

Contact Person

Details of Claim

Date of fire / accident / loss

Time of fire / accident / loss

Location of where the loss or incident occurred

Please state full details of what happened

Is the property owner/occupied, rented or let to tenants?

Please specify which one.

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

If so, please give details.

If loss was caused by another person who is not your employee, please give their name, address, and phone number.

Have you made any other insurance claims over the past 5 years? If Yes, please give details.

Yes

No

Glass Breakage

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

Particulars of Glass Damaged:

Description (plain, plate, mirrored, etc.)

Height

Width

Position (door, window, etc.)

Description (plain, plate, mirrored, etc.)	Height	Width	Position (door, window, etc.)

Police Details (If burglary, theft, loss or malicious damage)

Date Reported

To which police station was it reported?

Attach police form

Yes

No

Police File Number

Declaration / Privacy Act 1993 / Insurance Claim Register

I/We declare that to the best of my/our knowledge and belief, these particulars are complete and correct.

I/We:

- a) Agree to give any further information that may be required;
- b) Understood you require this personal information, which will be retained by you, the insurer, at your registered office, before you can evaluate my/our claim;
- c) Authorise the disclosure of this personal information regarding this claim to other parties;
- d) Authorise the obtaining by you from any other party personal information about me/us that is in your view relevant to this claim;
- e) Authorise the obtaining by you from Insurance Claims Register Limited (ICR Ltd), which holds details of claims made by me/us under policies with other insurers, personal information about me/us that is in your view relevant to this claim;
- f) Authorise you to place details of this claim on the database if ICR Ltd, PO Box 474, Wellington, where it will be retained and be available to other insurance companies to inspect;
- g) Understand that I am/we are entitled to have certain rights of access to and correction of the personal information held by you and ICR Ltd.

The collection of this information is required under the terms of your policy. Failure to provide it may result in your claim being declined.

Signature of the Policy holder(s) (If the policy is in joint names, both signatures are required):

Signature of partner or director

Date

