Commercial Claim Form



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							
Details of Glaini							
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.							
Class Breekens							
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 I	Position (door,window, etc.)				
Police Details (If burglary, theft, loss or malicious damage)							
Date Reported		o which police station was it reported?					
Attach police form Yes No Police File Number							

Material Loss (ie.	Material Loss (ie. fire, burglary or accident damage)							
State names of others who have an interest in the property ie. by way of joint ownership, mortgage, hire purchase, etc.								
If burglary claim, state means of entry to the premises								
is burgiary drawn, state means of entry to the promises								
	vide full details of ite	ems being claimed for I From whom	below: New or	If secondhand Price Paid	Present cost			
Full Description (including make and mode)	ı) Purcha	sed purchased	secondhand	age when	or replacement			
	/ Recei	ved		purchased	article			
Note: In the case of property lost or stolen we will require proof of ownership. To assist in settlement of such								
claims, please forward with the claim form, the receipt, credit card slip or other document issued to you at the time of purchase.								
		erty of other partie	es)					
Has a claim been made on you? If Yes, please advise name of Party. Yes No								
If a motor vehicle was	involved please sta	ate:						
Owner's Name			Driver's Name	9				
Address			Address					
Date of Birth			Date of Birth					
Occupation			Occupation					
Additional			License Detai	License Details				
Information			Year, Make a					
Mr.		NA (%)	Model of Veh	icle				
Witnesses Name		Witnesses Addr	ess					
Direct Crediting Authority								
If your claim is accepted and there are payment(s) owing to you, we can pay this amount into your bank account by direct credit. If you would like us to make this direct credit, please complete details below. You will be advised if a payment has been made								
following acceptance	or your claim.							
	you wish to use this facility? Yes No Name of Account							
I/We authorise the payment to be made into this bank account. (Please attach a deposit slip) Bank Branch Account Number Suffix								

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



