Claim Form

Business Insurance

RESET FORM

AMP

Please help us to help you by:

- completing all relevant questions in full as this can avoid the need for further enquiry and possible delay in settling your claim
- enclosing evidence of the amount(s) you are claiming
- signing and dating the reverse of this form

INSURANCE FRAUD IS A CRIME - PLEASE ENSURE ALL INFORMATION IS CORRECT

Issued by

Date / /

Office

1. Policyholder(s) details

Policy/Client number

Claim number *(if known)*

Full name Mr ☐ Mrs ☐ Miss ☐ Ms ☐

Postal address

Date of birth / /

Telephone Home Business Mobile

Email Home Business

Contact person

2. Details of claim (complete in all cases)

Date of fire, accident or loss / /

Time of fire, accident or loss am ☐ pm ☐

Location where loss or incident occured

(a) Please state full details of what happened

(b) Is the property owner/occupied, rented or let to tenants? Please specify which one.

(c) Is there insurance with any other company relating to this loss? If so, please give details.

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

(e) Have you made any other insurance claims over the past 5 years? Yes ☐ No ☐

If Yes, please give details

3. 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)

4. Police details (if burglary, theft, loss or malicious damage)

(a) To which police station was it reported?

(b) Date reported / /

(c) Attach police form Yes ☐ No ☐

(d) Police file number

5. Material loss (for example fire, burglary or accidental 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.

Schedule: Please provide full details of items being claimed for below:

Full description including make & model	Date purchased or received	From whom purchased	New or secondhand	If secondhand age when purchased	Price paid	Present cost of replacement article
					Total	

Note: In the case of property lost or stolen we will require proof of ownership. To avoid delay 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.

6. Public liability (damage to property of other parties)

Has a claim been made on you? Yes ☐ No ☐ If Yes, please advise name of Party

If a motor vehicle was involved please state:

Owner's name

Address

DOB / / Occupation

Additional information

Driver's name

Address

DOB / / Occupation

Licence details

Year, make and model of vehicle

Witnesses:

Name

Address

7. Direct crediting authority

If your claim is accepted and there are payment(s) to you, we can pay this amount direct 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 of your claim.

Do 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

8. Declaration/Privacy Act 1993/Insurance claims 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) understand you require this personal information, which will be retained by you at 48 Shortland Street, Auckland 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 of 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.

Date / /

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