

GENERAL CLAIM FORM

Personal	Commercial
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Pursuant to the Privacy Act 1993 the following is brought to your attention:

This form collects personal information about you;

The information is collected to evaluate your claim.

The intended recipient of the information is:

Herein after called ("the company") and is being held by them at:

The collection of this information is required pursuant to the terms of your insurance policy;

The failure to provide this information may result in your claim being declined;

You have the rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993

Insured or Company Details

Insured Name or Company			
Contact Person			
Phone Number(s)			
Email			
Street Address			
Town / City		Postcode	

Questions

Policy Number			
Bank Account for Direct Credit Payment			
Financial Interest (in the items)			
Is there other insurance on the items	Yes	No	
Are you the sole owner of the property	Yes	No	
If you have made an insurance claim in the last five (5) years please provide details			
Year	Insurer	Claim detail	Amount

Details of Loss

Date of Incident		Time	
Address of Incident			
Town / City		Postcode	
What happened and how did the loss occur			
Who is responsible		Why	
If not you, please provide contact details			
Was the Incident reported to the Police	Yes	No	
Police File Number		Date	
If the Incident was a burglary, how did the thieves gain entry			

Property Being Claimed For

Description of Item	Date Purchased	Price Paid	Replacement Cost	Amount Claimed

Declaration must be signed by the Policy Holder

Note: Failure to provide full and truthful information could result in the Claim being declined.

I/We declare that to the best of my knowledge the details provided in this claim form are true.

I/We agree to PSC Connect NZ Limited and the Insurance Company (and/or their agent) with whom I am insured may disclose my/our personal information regarding this claim to:

- Other parties including other members of the Insurance Industry and the data base of the Insurance Claims Register (ICR Ltd) PO Box 474, Wellington where it will be retained and made available to other insurance companies to inspect.
- Parties who have a financial interest in the subject matter of the policy and parties repairing or replacing the subject matter of the claim.
- I/We understand that I am / We are entitled to have certain rights of access to and correction of the personal information held by PSC Connect NZ Limited and the Insurer and ICR Ltd.

I/We agree to PSC Connect NZ Limited and the Insurer obtaining personal information about me/us that is, in their view, relevant to this claim.

From any other party including other members of the Insurance Industry and from Insurance Claims Register Ltd (ICR) which holds details of claims made by me/us under policies with other insurers.

All information and answers (whether written or oral) given to PSC Connect NZ Limited and the Insurance Company in connection with this claim are correct and that no information relevant to the claim has been omitted. I/We authorise PSC Connect NZ Limited and the Insurance Company to act on my/our behalf.

Name		Signature	
Position		Date	

If the claim is for a burglary, theft or disappearance, the following Statutory Declaration must be completed

I hereby declare that the answers given above are in every respect correct and I make this solemn declaration conscientiously believing the same to be true and by virtue of Oaths and Declarations Act 1957

Signature		Declared at	
This		day of	
Before me		year	
Justice of the Peace or Solicitor or other person authorised to take a Statutory Declaration			