general claims advice

1. Policy Holder

		Policy Number	
Full Name			
Address			
Home Phone		Work Phone	
Mobile		Email	

2. Circumstances of Loss (Please complete in all cases)

Date		Time	
Where did loss occur?			
Please explain what happened			

Is there any other insurance with any company relating to this loss? ◯ Yes ◯ No

If "yes" give details here:

Have you, within the past 5 years, made a claim against any insurance company? ◯ Yes ◯ No

If "yes" give details here:

If loss caused by another person, please give name, address & phone number

3. Complete in all Cases Relating to Property Damage

Are you the sole owner of the property concerned? ◯ Yes ◯ No

If "no" please give details of other interest and party concerned:

If burglary, loss or theft claim, to which police station was it reported?			
Acknowledgement form attached ◯ Yes ◯ No		Date Reported	
If burglary, state means of entry to premises			

Abbott Group, Unit 4B, Moorhouse City, 166 Moorhouse Avenue, PO Box 3086, Christchurch 8140, **P** 03 366 7536, **F** 03 379 5395, www.abbottgroup.co.nz

4. Property Schedule

NB: In the case of loss, please attach proof of ownership/purchase receipts and quotes for replacement costs to save delays.
Please send photos of damage if available.

Detail property damaged, lost or stolen. Include brand name and model numbers. If glass breakage, give approximate measurement.	Information to assist in the calculation of the claim.		
	Where & When Purchased	Original Purchase Price	Present Day Replacement Cost

5. Hire Purchase/Finance

Is the lost or damaged property:

(a) Under Hire Purchase or lien of any kind? ◯ Yes ◯ No

If "yes" give details here:

(b) Still subject to the original Maker's Guarantee? ◯ Yes ◯ No

If "yes" give details here:

6. Bank Account Details/Direct Credit Payments. Please fill out by hand

Print form

If you would like any payment due to be paid direct to a bank account, please provide your account details (or provide a bank deposit slip).

Name of Account	

Bank Branch Account Number Suffix

7. Declaration – Note: Failure to provide full and truthful information could result in the claim being declined. Please fill out by hand

1. I/We agree to The Company disclosing my/our personal information regarding this claim to:

(a) 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.

(b) Parties who have a financial interest in the subject matter of the policy and parties repairing or replacing the subject matter of the claim.

(c) I/We understand that I am/We are entitled to have certain rights of access to and correction of the personal information held by The Company and ICR Ltd.

2. I/We agree to The Company obtaining personal information about me/us that is, in The Company's view, relevant to this claim.

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

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

Insured Signature		Date	
(If company, state capacity)			

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

(a) This claim form collects personal information about you;
(b) The information is collected to evaluate your claim;
(c) The intended recipient of the information is The Insurer;
(d) The collection of this information is required pursuant to the terms of your insurance policy;
(e) The failure to provide this information may result in your claim being declined;
(f) You have rights of access to, and correction of this information subject to the provisions of the Privacy Act 1993.