

Corporate & Commercial claim form

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 side of this form

Insurance fraud is a crime - please ensure all information is correct.

Insurance Traud I	s a crime - piease ensi	are all information	n is correct.					
1. Policyholder(s)	details							
Policy number				m number known)				
Full name	(Mr, Mrs, Miss, Ms)							
Postal address					Date of birth	/	/	
Telephone numbers	Home	Busin	ess		Mobile			
Email	Home	Busin	ess					
Contact Person								
2. Details of claim	(complete in all cases)							
Date of fire, accide	nt or loss	/ /	Time	of fire, accide	ent or loss		am	n/pm
Location where loss or incident occured								$\overline{}$
a Please state fu	ll details of what							
a. Please state fu happened	ii details of what							
b. Is the property	owner/occupied,							
rented or let to tenants? Please specify which one.								-
	nce with any other							
	company relating to this loss? If so, please give details.							-
d. If loss was cau								
person who is not your employee, please give their name, address,								_
and telephone						Γ		
e. Have you made	e any other insurance cla	ims over the past	5 years?				YES	NO
If Yes, please	give details							
3. Glass breakage								
If you are the ten	ant of commercial prem	ises please provid	e proof that	you are liable	under the te	rms of you	r lease.	
Particulars of Glas			Haisht	Width	Dociti		ata)	
Description (plain, plate, mirrored, etc.)			Height	Width	Position	on (door, window,	etc)	
4. Police details (i	f burglary, theft, loss or n	nalicious damage)						
-4. Police details (I	T bargiary, there, loss of th	lancious dainage)						
a) To which police	station was it reported?			b) Date repo	rted	/	/	
c) Attach police for	rm	YES NO		d) Police file	number			

5. Material Loss (for example							
State names of others who	have an interest	in the property is	e, by way of joir	nt ownership,	mortgage,	hire purchase,	
If burglary claim state mear	ns of ontry to the	promises					
II Durgiary Claim State mear	is of entry to the	premises.					
Calcadala Diagram and da Ca	II detelle of 'bears	la a la company de la company de					
Schedule: Please provide fu	Date purchased	From whom	New or	If secondhand age		Present cost of	
make & model	or received	purchased	secondhand	when purchased	Price paid	replacement article	
					Total		
please forward with 6. Public Liability (damage to			ip or other docu	ment issued t	o you at the	time or purch	
Has a claim been made on you? YES NO			If Yes, please advise name of Party				
0			1	ehicle was in	volved pleas	se state	
Owner's name			Driver's name				
Address	Occupation		Address DOB / / Occupation				
DOB / / Additional information	Occupation		Licence details				
Additional information			Year, make and model of vehicle				
			fear, make a		vernicie		
Witnesses:							
Name Address							
Address							
7. Direct crediting authority If your claim is accepted an credit. If you would like us to been made following accept	to make this direc	ct credit, please	e can pay this a complete details	mount direct below. You v	into your b will be advis	ank account b ed if a paymei	
Do you wish to use this faci			Account				
I/We authorise the payment	7 120 110			ch a deposit s	slip)		
Bank	K Branc	h Acc	ount Number	Suffix			
8. Declaration/Privacy Act 19	993/Insurance Clai	ms Register					
- ///							
I/We declare that to the best of	f my/our knowledge	e and belief these p	particulars are con	nplete and corr	ect.		
I/We (a) agree to give any further i (b) understand you require thi evaluate my/our claim; (c) authorise the disclosure of (d) authorise the obtaining by under policies with other ir (f) authorise you to place deta	information that ma is personal informat this personal inforr you from any other you from Insurance nsurers, personal in ails of this claim on	y be required; tion, which will be n mation regarding th r party personal inf e Claims Register L formation about m the database of IC	retained by you al nis claim to other formation about m .imited (ICR Ltd), e/us that is in you	: 48 Shortland parties; ne/us that is in which holds de ur view relevan	Street, Aucklands your view restails of claims to this claims	levant to this class made by me/un;	
I/We (a) agree to give any further i (b) understand you require thi evaluate my/our claim; (c) authorise the disclosure of (d) authorise the obtaining by under policies with other ir (f) authorise you to place deta	information that ma is personal informat this personal inforr you from any other you from Insurance nsurers, personal in ails of this claim on the companies to insp	y be required; cion, which will be noted that mation regarding the r party personal information about moted formation about moted the database of ICopect;	retained by you at nis claim to other formation about m .imited (ICR Ltd), e/us that is in you CR Ltd, PO Box 47	: 48 Shortland parties; ne/us that is in which holds de ur view relevan 4, Wellington, v	Street, Aucklands your view restails of claims to this claims where it will be	levant to this class made by me/un; one retained and	
I/We (a) agree to give any further i (b) understand you require thi evaluate my/our claim; (c) authorise the disclosure of (d) authorise the obtaining by under policies with other ir (f) authorise you to place deta available to other insuranc (g) understand that I am/we a ICR Ltd.	information that ma is personal informate this personal inform you from any other you from Insurance nsurers, personal in ails of this claim on the companies to inspare entitled to have	y be required; cion, which will be no mation regarding the r party personal info e Claims Register L formation about m the database of IC pect; certain rights of ac	retained by you at nis claim to other formation about m .imited (ICR Ltd), e/us that is in you CR Ltd, PO Box 47 ccess to and corre	: 48 Shortland parties; ne/us that is in which holds de ur view relevan 4, Wellington, view ction of the pe	Street, Auckland your view restails of claims to this claims where it will be reconstituted.	levant to this class made by me/un; pe retained and ation held by yo	
 (c) authorise the disclosure of (d) authorise the obtaining by (e) authorise the obtaining by under policies with other in (f) authorise you to place detain available to other insurance (g) understand that I am/we as 	information that ma is personal informate this personal inform you from any other you from Insurance nsurers, personal in ails of this claim on the companies to inspare entitled to have	y be required; cion, which will be no mation regarding the r party personal info e Claims Register L formation about m the database of IC pect; certain rights of ac	retained by you at nis claim to other formation about m .imited (ICR Ltd), e/us that is in you CR Ltd, PO Box 47 ccess to and corre	: 48 Shortland parties; ne/us that is in which holds de ur view relevan 4, Wellington, view ction of the pe	Street, Auckleyour view restails of claims to this claim where it will be result in you	levant to this class made by me/un; pe retained and ation held by yo	