

General Claim Form

PERSONAL: COMMERCIAL:

Pursuant to the Privacy Act 2020 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 named below (hereinafter called "the Company") and is being held by them at their Head Office
- (d) The collection of this information is required pursuant to the terms of your insurance policy;

LOSS TYPE: _____

- (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 2020
- (g) We collect, use, disclose and hold your personal information in accordance with the Privacy Act 2020 and our Privacy Statement is available at www.gsi.nz or by requesting a copy at any time.

CLAIM NO: _____

POLICY NO: _____

INSURANCE COY: _____

DUE DATE: _____

BRANCH: _____

EXCESS: _____

A. Policy Holder

Full Name of insured: Mr /Mrs / Miss /Ms _____

Postal Address: _____

Occupation: _____ Employer: _____

Telephone (Day): _____ Telephone (Night): _____

Email Address: _____

Bank Account for Direct Credit Payment: _____

B. Circumstances of Loss. PLEASE COMPLETE IN ALL CASES

1) Date: ____ / ____ / 20____ Day: _____ Time: _____

2) Where did the loss occur? _____

3) Please explain what happened: _____

4) Is there any other insurance with any Company relating to this loss. If so, Give particulars: _____

5) If loss caused by another person please give name and address: _____

6) Have you, within the past 5 years, made a claim against any Insurance Company? If so, please supply details including Company name: _____

C. Complete in all cases relating to Property Loss or Damage

1) Are you the sole owner of the property concerned? Yes No

If no, supply details of other interest or party concerned: _____

2) If burglary, loss, or theft claim, to which Police Station was it reported? _____

Date reported: _____ Acknowledgement Form Attached: Yes No

If burglary, state means of entry to premises: _____

Property Schedule

N.B. In the case of loss, please attach proof of ownership/purchase receipts and quotes for replacement cost to save delays.

Description of property lost or damaged (State each article/item separately)	Date Purchased	Price	Present Cost of Replacement	Depreciation for Age & Condition	Value of Salvage (if any)	Amount Claimed
TOTAL						

D. Glass Breakage

If you are the tenant of commercial premises please provide proof that you are liable under the terms of your lease.

Description (Plain, Plate Etc)	Height	Width	Where fixed (window, door etc)

E. Public Liability

1) Name and address of owner of property damaged _____

Phone Number: _____ Insurance Co (if known): _____

Was the owner known to you? _____ In what capacity: _____

2) Has a claim been made on you? Yes No

If yes, advise details: _____

3) Names and addresses of witnesses of accident:

Name: _____ Address & Phone: _____

Name: _____ Address & Phone: _____

Name: _____ Address & Phone: _____

DECLARATION:

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

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) P.O. 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 Ltd (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: _____

If Claim is for burglary, theft or loss, 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 Declaration Act 1957.

Insured Signature: _____

Before me: _____ (Justice of the Peace or Solicitor or other person authorized to take a Statutory Declaration)

Declared at: _____ this _____ day of _____ Year _____