

Claim Form

House and Contents



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 page 3 of this form

Issued by

Date / /

Office

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

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

Occupation Employer

2. Details of claim

Date of loss or incident / / Time of loss or incident am pm

Location where loss or incident occurred

Please state full details of what happened

Was the loss caused by a person other than yourself? Yes No

If Yes, please give name, address and telephone number of person causing the loss

If a burglary:

(i) Please state means of entry

(ii) Was damage caused by gaining entry? Yes No

If Yes, what damage was caused

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

Has the loss been reported to the Police? Yes No

If Yes, please attach the Police Acknowledgement Form and complete details below:

Date reported / / Which Police Station?

Police File number

Was a list of missing items given to the Police? Yes No

(Please note we may request a copy of this from the Police)

5. Further information

Is there insurance with any other Company relating to this loss? If Yes, please give details

Yes No

Are you the sole owner of the property lost/damaged? If No, please give details eg. under joint ownership, mortgage, or hire purchase etc.

Yes No

Do you occupy the premises as the owner or tenant?

Owner

Tenant

Were the premises occupied at the time of loss?

Yes No

Have you made any other insurance claims over the last five years or have you or any member of your family ever had an insurance claim declined? If Yes, please give details below

Yes No

Have you, or any member of your family living with you, ever been charged or convicted of any criminal offence other than driving offences? If Yes, please give details below

Yes No

Have you ever had an insurance policy declined, or had special terms imposed? If "Yes", please give details below

Yes No

6. 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

7. 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

- agree to give any further information that may be required;
- understand you require this personal information, which will be retained by you at 48 Shortland Street, Auckland before you can evaluate my/our claim;
- authorise the disclosure of this personal information regarding this claim to other parties;
- authorise the obtaining by you from any other party personal information about me/us that is in your view relevant to this claim;
- 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;
- 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;
- 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)

Please attach proof of ownership, ie. receipts, credit card slips or other supporting documents here.

Please return this completed claim form to: PO Box 1093, Wellington or scan and email to newclaims@ampg.co.nz, or fax toll free 0508 498 8378. Phone toll free 0508 806 244.

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