GENERAL CLAIM ADVICE

Personal	Commercial
Loss Type	



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 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;
- (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.

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Claim No:	Policy No:	
Insurance Coy:		Premium Paid:
Branch:	Excess:	Yes No
A. POLICY HOLDER		
Full name of insured		Mr / Mrs / Miss / Ms
Postal Address		
Occupation		
Email	Employer	Night
Bank Account Number for Direct Credit Payment:		
B. CIRCUMSTANCES OF LOSS (please complete this section of the	he form in all cases)	
1) Date: / / 20 Day:		
2) Where did loss occur?		
3) Please explain what happened:		
4) Is there any other insurance with any Company relating to this I	loss If so Give particulars:	
4) is there any other insurance with any company relating to this i		
5) If loss caused by another person please give name and address	s:	
6) Have you, within the past 5 years, made a claim against any Ins	surance Company? If so, please supply details	including Company name
C. COMPLETE IN ALL CASES RELATING TO PROPERTY LOSS OR D	DAMAGE	
1) Are you the sole owner of the property concerned?	Yes No	
If No, Supply details of other interest and party concerned:		
2) If burglary, loss, or theft claim		
To which Police Station was it reported?	Date R	eported:
Police Complaint Acknowledgement form attached?	Yes No	
If burglary, state means of entry to premises		
	PROPERTY SCHEDULE	
N.D. In the case of less places attach proof of oursership/purchas		anua dalaua

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
necessary please write a separate sched	lule of lost or damage	ed property	1		

D. GLASS BREAKAGE

Insured Signature:

(If a company, please state position or capacity)

	11-1-1-1	VA71 -141-	nder the terms of your lease –		
Description (Plain, Plate Etc)	Height	Width	Where fixed (window, door etc)		
PUBLIC LIABILITY					
Name and address of owner of property damaged					
Phone No:					
Was the owner known to you?					
Has a claim been made on you? Yes If 'Yes' advise details	No				
Names and addresses of witnesses of accident					
Name:					
Name:					
			Phone:		
CLARATION: (failure to provide full and truthful	information could result in the cla	im being declined)			
I/We agree to The Company disclosing my/our pe	rsonal information regarding this claim surance Industry and the data base of the ect matter of the policy and parties repair	to: e Insurance Claims Registe ng or replacing the subject r			
I/We agree to The Company disclosing my/our pe (a) Other parties including other members of the lit to other insurance companies to inspect. (b) Parties who have a financial interest in the sub. (c) I/We understand that I am/We are entitled to have agree to The Company obtaining personal in	rsonal information regarding this claim neurance Industry and the data base of the ect matter of the policy and parties repair ave certain rights of access to and correctiformation about me/us that is, in The Comments	to: e Insurance Claims Registe ng or replacing the subject r on of the personal information company's view, relevant t	natter of the claim. on held by The Company and ICR Ltd.		

IF THE 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.

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		Signature:	 	
Declared at:	this	 day of	 Year	
		Before me:		

Justice of the Peace or Solicitor or other person authorised to take a Statutory Declaration

Date: