



ZURICH®

General

Claim form

The company does not admit liability by the issue of this form. It is issued to enable the insured to lodge a written statement of claim

Branch
Policy number
Due date

Broker/Agent
Address

CLAIM NO. (Office use only)

TYPE OF INSURANCE COVER

Fair Insurance Code

Zurich New Zealand is a member of the Insurance Council of New Zealand (ICNZ), and industry organisation which represents fire and general insurers in New Zealand. As an ICNZ member, we are committed to following the ICNZ Fair Insurance Code. Additional information is Available on the Insurance Council of New Zealand website www.icnz.org.nz



1 Important information

- Do not admit liability - Ask for any claim to be put in writing and refer all correspondence to Zurich Australian Insurance Limited (ZAIL Incorporated in Australia) Trading as Zurich New Zealand.
- Make sure you give us all the details about your claim. Attach a separate sheet if you have insufficient space on this form.
- Send all quotations you have received to repair or replace damaged property or invoices or receipts if the goods have already been repaired.

2 Insured

Name of Insured _____

Address _____ Postcode _____

Occupation _____ Date of birth / /

Phone number (Private) _____ (Business) _____

Date of incident / / Time AM PM

Where did the accident occur? _____

Describe as fully as possible how the incident occurred.

Do you consider any other party responsible for the incident? Yes No If 'Yes', give details

2 Insured (continued)

Are you the sole owner of the property lost or damaged?
 If 'No', give full details of the owners or part owners

Yes No

Do you hold any other insurances under which a claim for this incident may be made?
 If 'Yes', give full details

Yes No

Have you previously (in past 3 years) made a claim against any insurance company?

Yes No

3 Schedule of property

Description of property lost or damaged (state each article/item separately)	When and where purchased	Purchase price	Present cost of replacement	Depreciation for age and condition	Amount claimed
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
Total amount claimed					\$

Special Risks, Burglary and Theft, Malicious Damage Claims.

Note: Police complaint acknowledgement forms to be attached to all cases of theft or loss.

Have police been informed of the incident? Yes No

Police Station reported to _____ Report Number _____

If 'No', please give reason

Has the loss been advertised in the newspaper? Yes (please attach newspaper cutting) No

Details of any other steps taken to recover the article

Describe the method of entry and the damage caused to the building

When were the premises last occupied?

Who was on the premises at the time of loss?

3 Schedule of property (continued)

For Glass, Wash Basin and Lavatory Pan Breakage Claims Only

Was the glass, basin, etc., cracked prior to the incident? Yes No If so, state date / /

For fire or impact by vehicle claims only

If a dividing fence or party wall was damaged, give name and address of joint owner

If damage was caused by a vehicle, give details of owner/driver and vehicle registration number

For storm and tempest and water damage claims only

Note: Do not delay in taking necessary action, such as emergency repairs, to prevent further damage

What steps have been taken to minimise damage?

Has the building been physically damaged? Yes No If 'Yes', give details (e.g. roof sheeting and/or tiles damaged)

If there has been no physical damage to the building, give details of how water entered the premises

4 Evidence of ownership and value

Please attach your receipts or other documents to establish evidence of ownership and the value of each item. In cases of equipment or property e.g. bicycles, television receivers, supply evidence of serial numbers for our confirmation to manufacturers and the police. Damaged property must not be disposed of until authorised by Zurich New Zealand.

WARNING: Wilful or reckless exaggeration or inflation of the amount claimed may forfeit the claim.

5 Privacy and Declaration

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 Zurich New Zealand
- (d) The information is being collected and held by Zurich New Zealand, P.O. Box 497, Shortland Street, Auckland 1140
- (e) The collection of this information is required pursuant to the terms of your insurance policy;
- (f) The failure to provide this information may result in your claim being declined;
- (g) You have the rights of access to, and correction of, this information subject to the provisions of the Privacy Act 2020.

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

- (a) I/We declare that the information given in this form is correct.
- (b) I/We authorise the disclosure of personal information held by any other party regarding this claim. I/We agree to Zurich New Zealand releasing to other parties personal information regarding this claim.
- (c) I/We authorise the insurer or its authorised agent to give or obtain from the other insurers or other parties any information relating to any insurance held or claim made.
- (d) I/We solemnly declare that the information given & contained in this document is true & correct by virtue of the Oaths & Declarations Act, 1957.
- (e) I/We acknowledge that if any information given is incorrect or has been concealed it may result in the claim being declined.
- (f) If I am a broker and I am completing this form, I confirm that I have been appointed as an agent of the Insured to complete and submit this form on behalf of that Insured.

Position

Signature	Date
X	/ /

