



# Goods in Transit (Own vehicles)

## New Zealand – Claim form

### Privacy

We need personal information about you to assess your claim. We will, where relevant, disclose your personal information to your adviser (and any licensee or broker he or she represents), to our service providers (including loss adjusters and investigators), other insurers, insurance reference bureaus and our business partners for this purpose. We may also disclose personal information about you where we are required or permitted to do so by law.

The answers given to questions in this claim form may require further information to be requested and/or further investigations to be made by Zurich or parties appointed by them. This may include contacting the owner of the goods or livestock to obtain documentation to verify the amount and extent of the claim.

If you do not provide the requested information or consent to its collection and disclosure as described above, the assessment of your claim may be delayed or we may not accept the claim.

#### Please provide the following information/documentation where possible with your claim form

- Quotation for repair/replacement
- Any other evidence of loss or damage – including photographs

### 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](http://www.icnz.org.nz)



### 1 Insured details

Policy number	Claim number
_____	
Insured name	
_____	
Address	Postcode
_____	_____
Contact name	
_____	
Contact number/s	
_____	
Email	
_____	

### 2 Claim information

Date of loss/damage      /      /

\_\_\_\_\_

Please provide details of how loss/damage occurred

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where did the loss/damage occur?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was there forced entry into the vehicle/trailer?      Yes       No       If 'Yes', please provide details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If goods are damaged, please provide address where the damaged goods can be inspected

\_\_\_\_\_

\_\_\_\_\_

**2 Claim information** (continued)

Has the event been reported to the police? Yes  No  If 'Yes', please advise name and location of police station

Police report number

Can damaged goods be repaired? Yes  No  If 'No', is there any salvage value? Yes  No

If 'Yes', please advise approximate value NZ\$

Are you the owner of the damaged goods? Yes  No  If 'No', please advise owners name and contact number

Please provide details of third parties involved (name, address, contact number, registration)

**Other insurance cover**

Was there any other insurance covering this event at the time of loss? Yes  No

If 'Yes', please advise insurance company name and policy number

**Other interested parties**

Please provide details including name and address of other interested parties i.e. finance company, lessee)

Description of items to be claimed (include make, model and age)	Details of loss/damage	Can the item be repaired?	Amount claimed NZ\$
		Yes <input type="radio"/> No <input type="radio"/>	\$
		Yes <input type="radio"/> No <input type="radio"/>	\$
		Yes <input type="radio"/> No <input type="radio"/>	\$
		Yes <input type="radio"/> No <input type="radio"/>	\$
		Yes <input type="radio"/> No <input type="radio"/>	\$
		Yes <input type="radio"/> No <input type="radio"/>	\$
		Yes <input type="radio"/> No <input type="radio"/>	\$
		Yes <input type="radio"/> No <input type="radio"/>	\$
		Yes <input type="radio"/> No <input type="radio"/>	\$
<b>Total amount claimed</b>			<b>NZ\$</b>

**3 EFT payment details** (please complete this section if you require payment directly into your account)

Account name Account number

Bank name BSB Number

Bank address Postcode

**Overseas payment**

Swift Code ABA Code Sort Code

**4 Declaration**

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information. I understand that Insurers do not admit liability by the issue of this form.

Signature of insured Date / /

Email completed form to [marine.claims@zurich.com.au](mailto:marine.claims@zurich.com.au)