

Property Claim Form

It is important that a complete answer be given to every question. If insufficient space is provided for your answers please continue on a separate sheet.

CLAIM NO.	ACCOUNT NO.	POLICY NUMBER	RENEWAL DATE	NAME OF AGENT
			/ /	

INSURED OR POLICYHOLDER

Full Name _____

Private Address _____
 _____ Tel No. _____

Business Address _____
 _____ Tel No. _____

Occupation/Business _____

CIRCUMSTANCES OF LOSS OR DAMAGE

Nature of loss or damage _____

Date and Time _____

Place where the event occurred _____

State fully what happened _____

When and by whom discovered _____

If known, state name and address of person causing the loss or damage _____

POLICE

Were particulars taken by or reported to the police? YES/NO*

If YES, (a) give name of Station _____ (b) attach a copy of their report.

N.B. The Police must be informed immediately if the property has been lost, stolen or maliciously damaged.

* DELETE AS REQUIRED

GENERAL QUESTIONS

Is there other insurance covering the property? YES/NO*

If YES, give details _____

Have you ever made a claim of this nature on any insurer or underwriter? YES/NO*

If YES, give details _____

Additional Questions if the loss occurred indoors

State the nature of the occupancy of the premises _____

Were the premises occupied at the time of loss? YES/NO*

If NO, give date and time they were last occupied _____

If entry was illegal, how was it obtained _____

Additional Questions for glass breakage claims only

Size of broken glass _____

Type of glass _____

Situation (e.g. door, window, showcase, etc.) _____

Was the glass sound before the breakage? YES/NO*

Do you wish the reglazing to be deferred until further notice? YES/NO*

Are you GST Registered? YES/NO*

If so indicate GST Registration No. _____

DECLARATION

I/We declare that these particulars are true and correct to the best of my/our knowledge and belief

Signature _____ Company's Stamp _____

Name _____ I/C No. _____

Date _____