General Claim form



PERS	ONAL COMMERCI	AL 🔄 I	LOSS TYPE		
NSUF	RANCE COMPANY		POLICY NO.	DL	IE DATE
UR!	This claim form collec	ts persona	THE FOLLOWING IS BROUGHT TO I information about you valuate your claim	d The	VTION: collection of this information is required pursuant to the ns of your insurance policy
C	The insurer named or	your polic	ormation is: y, herein after called ("the hem at their Head Office	clai f You	failure to provide this information may result in your m being declined have rights of access to, and correction of, this information ject to the provisions of the Privacy Act 2020
1 F	POLICY HOLDER			03	PLEASE EXPLAIN WHAT HAPPENED
S	Surname of the Insured or name of company				
F	First name(s) of Insured (N	Ar/Mrs/Mis	s/Ms)		
A	Address				
F	lome telephone		Business telephone		
Ν	Mobile telephone				
	Email address				
	CIRCUMSTANCES OF LOS Date D	SS Day	Time		
				04	COMPLETE IN ALL CASES RELATING TO PROPERTY DAMAGE
V	Where did the loss occur?			04	Are you the sole owner of the property concerned?
Ŀ		ce with any ease provid	company relating to this loss? e details:		If no , please give details of other interest and party concerned
ľ	f loss caused by any othe	r person, pl	ease provide name and address		
					If burglary, loss or theft claim, to which Police Station was it reported?
	Have you, within the past five (5) years, made a claim against any Insurance Company?			Date reported Acknowledgement form attached?	
	Y N If yes , ple	ease provid	e details, including co. name:		Y N If burglary, state means of entry to premises
					Police file no.:

04 PROPERTY SCHEDULE

NB: In the case of loss, please attach proof of ownershp/purchase receipts and quotes for replacement cost to save delays

DESCRIPTION OF PROPERTY LOST OR DAMAGED (STATE EACH ARTICLE/ITEM SEPARATELY)	PURCHASE DATE AND PRICE	PRESENT COST OF REPLACEMENT	AMOUNT CLAIMED

NB: Please continue on a separate sheet if necessary

05 DIRECT CREDIT AUTHORITY

If you would like any payment due to be paid direct to a bank account, please provide account details. Name of Account/Account Number

BANK	BRANCH	ACCOUNT NUMBER	SUFFIX

06 DECLARATION

Note: Failure to provide full and truthful information could result in the Claim being declined.

- o1 I/We agree to the Company disclosing my/our personal information regarding this claim to:
 - a. other parties including other members of the Insurance Industry and the database of the Insurance Claims Register Ltd (ICR Ltd) where it will be retained and made available to other insurance companies to inspect.
 - b. parties who have a financial interest in the subject matter of the policy and parties repairing or replacing the subject matter of the claim.
- c. I/We understand that I am/we are entitled to have certain rights of access to and correction of the personal information held by the Company and ICR Ltd.
 I/We agree to the Company obtaining personal information about me/us that is, in the Company's view, relevant to this claim.
- a. from any other party including other members of the Insurance Industry and from Insurance Claims Register Ltd (ICR Ltd) which holds details of claims made by me/us under the policies with other insurers.

Policyholder's signature/signed on behalf of all Insured's

Date