



Insurance Brokers & Risk Managers  
P O Box 3174, Shortland Street, Auckland 1140  
Phone: (09) 377 4314; Fax (09) 373 4882  
Email: insurance@icib.co.nz

## General Claim Form

### Insured Details

Insurance Co:	<input type="text"/>	Claim No:	<input type="text"/>
Policy No:	<input type="text"/>	Expiry Date:	<input type="text"/>
Type of Policy:	<input type="text"/>		
INSURED NAME:	<input type="text"/>		
Postal Address:	<input type="text"/>		
Phone:	Home: <input type="text"/>	Business: <input type="text"/>	
	Fax: <input type="text"/>	Email: <input type="text"/>	
Occupation:	<input type="text"/>		

### Details of Damage or Loss

Date:	<input type="text"/>	Date of the week:	<input type="text"/>
Time of damage/loss or if theft/burglary, between what hours? (am/pm)	<input type="text"/>		
Where did the loss occur?	<input type="text"/>		
Brief description (including loss or damage):	<input type="text"/>		
Name and address of person causing damage:	<input type="text"/>		

**YOU MUST IMMEDIATELY INFORM THE POLICY IF PROPERTY HAS BEEN LOST OR IF YOU SUSPECT BURGLARY, THEFT, ARSON, MALICIOUS DAMAGE OR ANY OTHER CRIMINAL ACT HAS CAUSED THE DAMAGE OR LOSS**

Date reported:

Name of Police Station:

Amount claimed (as shown on this form):

\$

**Other Particulars**

When was the loss discovered and by whom?

If theft/burglary, how was entry to the premises effected and was any damage caused in gaining entry?

Were the premises occupied at the time of loss?

Yes / No
Yes / No
Yes / No
Yes / No
Yes / No

Has any arrest been made or is anybody suspected of theft or any other crime?

Has any of the property been recovered?

If the premises are not owned by you, does the lease make you responsible for repairing any damage?

Are you the sole owner of the property damaged or stolen?

If No, please name any other interested party:

Name:

Branch:

Details of other insurances covering the property claimed for:

Have you had a loss or made any claim against any Insurance Company in the past 5 years (regardless of the amount), or ever had a loss exceeding \$5,000?

Insurer's Name	Details of Loss	Amount Claimed

**Schedule of Claim**

Full Description Of Article	Date Bought Or Received	Where bought, or name and address of giver	Original Cost	Replacement Cost	Amount Claimed

**Please retain damaged goods in case inspection is required. Please attach estimates in support of repairs as appropriate.**

**DECLARATION**

- I/We declare that all the information contained in this form and any other statements used in support of this claim are complete and correct.
- I/We authorise the named Insurer to obtain/disclose personal information and documents from/to any other party for the purpose of this claim.
- I/We understand that this form requests personal information which is held by the named Insurer to evaluate the claim and failure to provide the information sought may result in the claim being declined.
- I/We authorise the named Insurer to check details against the Insurance Claims Register and to place information on the Insurance Claims Register which other Insurers can access.
- I/We understand that there are rights of access to and correction of information held by the named Insurer and on the Insurance Claims Register.

I hereby agree that I have read and understood the above declaration: YES / NO

Insured(s)  
Signature:

Date: