This claim form collects personal information about you; The information is collected to evaluate your claim; The information is collected to evaluate your claim; The intended recipient of the information is: The Insurer named below (hereinafter called "the Company") and is being held by them at their Head Office Claim No Policy No Due Date The collection of this information is required pursuant to the terms of your insurance policy; The failure to provide this information may result in your claim being declined; You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.		CENED	AT CI	AIMAD	VICE		
us aand is the Preacy Act 1933 the following is braight to year Commence Commence	surance Brokers Association of New Zealand	_			VICE		
Section Sect		Loss Type			••••••		
20 The claim sense relates personal information back you, to the information selection of the information selection selection of the information selection s	Pursuant to the Privacy Act 1993 the following attention:	g is brought to your					
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A POLICY HOLDER Full name of insured: Mr/Mrs/Miss/Ms Postal Address							
Full name of insured: Mr/Mrs/Miss/Ms. Postal Address. Tolephone Day Cocupation Bank Account Number for Direct Credit Payment B. CIRCUMSTANCES OF LOSS. PLEASE COMPLETE IN ALL CASES 1) Date:	•		_				Y / N
Postal Address	A. POLICY HOLDER						
2) Where did loss occur? 3. Please explain what happened: 4) Is there any other insurance with any Company relating to this loss. If so, give particulars: 5) If loss caused by another person please give name and address: 6) Have you, within the past 5 years, made a claim against any Insurance Company? If so, please supply details including Company name	Postal Address Occupation					Telephone Day	
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5) If loss caused by another person please give name and address: 6) Have you, within the past 5 years, made a claim against any Insurance Company? If so, please supply details including Company name							
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NOTE: QUESTIONS AND DECLARATIONS ON THE BACK OF THIS FORM MUST BE COMPLETED.

D. GLASS BREAKAGE

- If you are the tenant of co	ommercial premises p	lease provide proof th	nat you are liable unde	er the terms of your lea	ise -		
Description (Plain, Plate Etc)	Height	Width	Where fixed (window, door etc)				
E. PUBLIC LIABILITY							
Name and address of owner of propert Phone No:							
Was the owner known to you?	In	what capacity					
Has a claim been made on you? If 'yes' advise details							
Names and addresses of witnesses of Name:			Phone:				
Name:							
Name:							
PROPERTY SCHEDULE CONTINUED							
Description of property lost or damaged (State each article/item separately)	Date Purchased & Price	Present Cost of Replacement	Depreciation for Age & Condition	Value of Salvage (if any)	Amount Claimed		
		•		B/FWD			
				TOTAL			
DECLARATION: Note: Failure to provide t	iull and truthful inforr	nation could result in	the Claim being decli	ned			
1. I/We agree to The Company disclosing (a) Other parties including other members Wellington, where it will be retained ar (b) Parties who have a financial interest ir (c) I/We understand that I am/We are enti ICR Ltd. 2. I/We agree to The Company obtaining p	my/our personal info s of the Insurance Indust and made available to ot a the subject matter of tled to have certain rig	rmation regarding this stry and the data base her insurance compani the policy and parties re hts of access to and co	s claim to: of the Insurance Claims es to inspect. epairing or replacing the rrection of the personal	s Register (ICR Ltd) P.C e subject matter of the o I information held by Th	claim. e Company and		
 (a) From any other party including other n claims made by me/us under policies All the information and answers (whether written the claim has been omitted. I/We authorise Th 	with other insurers. en or oral) given to The	Company in connection	•	, ,			
Insured Signature							
(If company, state capacity)							
IF CLAIM IS FOR BURGLAR	Y, THEFT OR LOSS	THE FOLLOWING ST	ATUTORY DECLARA	ATION MUST BE COM	IPLETED		
I hereby declare that the answers given about true and by virtue of the Oaths and Declara		ect correct and I make	this solemn declaration	on conscientiously bel	ieving the same to be		
		Sig	nature:				
Declared at:	1	this day	/ of	Year			

Justice of the Peace or Solicitor or other person authorised

Before me: