

farm claim form

Policy No

Claim No

The information you supply (which AMI Insurance Limited will retain), is needed before we can decide whether to accept this claim. The Privacy Act 1993 entitles you to have access to and request correction of the information.

section 1: customer details

Title Mr Mrs Miss Ms Dr Other (please specify)

First names Last name (or Corporate name)

Address

Phone (Home) (Business)

section 2: who do we contact?

First name Last name

Telephone number (hm) (bus) Cellphone

Fax Email address

Preferred contact method Best time to contact

section 3: claim details

1. When and where did the loss or damage happen?

Day Date Time am pm

Location

2. Please describe what happened

4. In the last 7 years have you, the policyholder, had any convictions or fines or are you awaiting prosecution for any criminal offence? yes no

If 'Yes', please give details (including any penalties)

declaration

- I/We declare that the information and answers given above are true and correct in every detail and that all relevant information has been disclosed.
- I/We authorise AMI Insurance Limited to give to or obtain from any other party (including but not restricted to Credit Reference checking agencies and the NZ Police) any information that in AMI Insurance Limited's view is relevant to this claim.
- I/We understand that the claim may be refused if information is untrue or concealed.

Signature of claimant

Date

Relationship to
policyholder

Signature of policyholder

Date