

home or contents claim form

Claim No

section 1: insured

Title Mr Mrs Miss Ms Dr Other

First names Last name (or Corporate name)

Address (include Town, City or District & Post Code)

Occupation Phone (Home) (Business)

section 2: contents only

Are you the Insured, named on our policy records? yes no

If 'No', please complete the rest of this block. If 'Yes', go to the 'Description of Occurrence' block.

State your full name Age

What is your relationship to the insured (e.g. wife, son etc)?

Do you continuously reside at the Insured's address as shown on our policy records? yes no

If 'No', where do you normally live?

section 3: description of occurrence

Situation of loss or occurrence

Day and date of loss or occurrence Date Time am pm

Please give a full description of what happened

section 4: details of property loss

Detail property damaged, lost or stolen.	Information to assist in the calculation of the claim.		
	Where and When Purchased	Original Purchase Price	Present day Replacement Cost
Include brand name, model & serial no's if applicable. If Glass Breakage, give approximate measurement.			

section 5: contents

Is the lost or damaged property:

(a) Under Hire Purchase or lien of any kind?..... yes no

If 'Yes', give details

(b) Still subject to Maker's Guarantee?..... yes no

If 'Yes', give details

section 6: all claims

Was the loss or damage reported to the Police?..... yes no

If 'Yes', give name of Station Notified

Is the lost or damaged property insured under any other policy?..... yes no

If 'Yes', give details

Has any Insurance Company, in respect of any insurance of this nature in your name or your husband's or wife's name, ever declined a proposal, cancelled or refused to renew a policy?..... yes no

If 'Yes', give details

In the last 5 years have you suffered loss of or damage to property or made a claim or had a claim declined?..... yes no

If 'Yes', give details

declaration

I confirm that:

- The information given is entirely true and correct and that I have not withheld any information relevant to the acceptance of this insurance. Where I have given information about someone else, I confirm that I have their permission to do so and that their information may be treated in the same way as mine.
- Where any information I have provided is incorrect or has been withheld, AMI Insurance Limited, its successors and assigns ("AMI") may reduce my claim or treat it as void from the outset.
- AMI, an insurance business within IAG's New Zealand group of companies and the other companies in that group (together the "IAG NZ Group"), is authorised to:
 - Obtain from any other person, including other members of the IAG NZ Group and Southern Response Earthquake Services Limited ("Southern Response"), information about my insurance history (including information related to claims) or any other matter relevant to this policy, any claim by or relating to me, or additional or future insurance I might take out with AMI or other members of the IAG NZ Group and use and disclose such information for the purposes of IAG NZ Group's insurance business in accordance with its applicable privacy policy;
 - Disclose to any other person, including other members of the IAG NZ Group, information about this claim, policy or previous or future insurance with the IAG NZ Group, if the person making the request is entitled to the information or if the IAG NZ Group determines at its discretion that the person is properly acting on my behalf and that the disclosure of the information will be to my benefit;
 - Disclose information (including information related to claims) that the IAG NZ Group has collected or collects about me, to Southern Response for the purposes of Southern Response evaluating, processing, managing and settling any claims, and any matters that are necessary for, or incidental to, such purposes and other insurance purposes, in accordance with Southern Response's privacy policy; and
 - Send me commercial electronic messages (e.g. texts, emails and faxes) for any of the purposes set out in AMI's privacy policy, including the marketing to me of products and services of the IAG NZ Group.
- I understand this information is obtained and will be held by the IAG NZ Group at 1 Fanshawe Street, Auckland for the purposes of evaluating and processing my claim and for other insurance purposes (including verifying identity, considering whether to provide insurance to me, offering quotes, providing insurance and to administer my insurance policy), and may also be used to tell me about other products offered by the IAG NZ Group.
- I am aware that the Privacy Act 1993 entitles me to have access to and request correction of this information.

Signature of Claimant

Date

Signature of Policyholder

Date