

CLAIM FORM

Theft, Accidental Loss or Damage

Consumer
Insurance
Services
Limited

CONTRACT NUMBER:

Please complete where applicable and return within 7 days. Please print.

As required by the Privacy Act 1993, the following is brought to your attention:

- (a) Parts of the claim form and any further enquiries we make of you in order to consider your claim is the collection of personal information about you;
- (b) The information is collected to evaluate your claim;
- (c) The intended recipient of the information is Consumer Insurance Services Limited;
- (d) The information is collected and held by Consumer Insurance Services Limited and its agents for the purpose of processing your claim;
- (e) The collection of this information is required pursuant to your insurance policy;
- (f) The failure to provide this information may result in your claim being declined;
- (g) You have certain rights of access to and correction of this information, subject to the provisions of the Privacy Act 1993. But subsequent correction of false information will not affect our right to decline your claim;
- (h) The making of a false representation with a view of obtaining benefit under an insurance policy constitutes an offence under the Crimes Act 1961.

Insured's Name

Telephone

Address

Home Business

Occupation

Date of Birth

Agreement Date

Original Cost of Goods

1 What is the property you are claiming for? (Please describe and quote make, model, serial number.)

2 Date and time of damage, loss or theft

3 Address from where property was damaged, lost or stolen (if different from your above address)

4 Reason for different address (i.e. property was loaned, stored)

5 Where in the address was the property located when it was damaged, lost or stolen?

6 Exactly how did the property get damaged, lost or stolen? (Please give full details.)

7 Where were you at the time the property was damaged, lost or stolen? (full details required)

8 Was other property damaged, lost or stolen?

Yes No

(a) If yes, have you lodged a claim for this property with **any other insurer?**

Yes No

(b) If yes, please advise the name, branch and telephone number of the **other insurer.**

9 If the property was stolen please advise:

(a) How entry was gained to the premises?

(b) Was entry to the premises forced?

(c) How was the property secured prior to it having been stolen?

10 Did the neighbours see or hear anything at the time of the burglary or theft? Yes No

If yes, please give details.

11 What Police Station did you report the loss, theft or burglary to?

Date

12 Do you or the Police have any suspect for the theft/burglary?

Yes No

If yes, please give details.

Please attach the Police Acknowledgement Form/Lost Property Report or Fire Report (for fire related claims), in the name of insured.

Please attach a copy of your Finance Agreement. Please ensure all details requested on the claim form are complete and that all forms required are given to us.

I, the undersigned, hereby declare that the above statements are true in every respect and made without reservation. I also hereby authorise the collection, use and disclosure of any personal information by Consumer Insurance Services Limited and its agents in relation to this claim.

Signature

Date

NOTE Further information may be requested from you if necessary.

MAIL TO Consumer Insurance Services Ltd, Private Bag 94013, Manukau City, Auckland 2241. Ph (09) 525 4770 Fax (09) 525 4771 Freephone 0800 855 333