

PERSONAL <input type="checkbox"/>	COMMERCIAL <input type="checkbox"/>	LOSS TYPE	
INSURANCE COMPANY		POLICY NO.	DUE DATE

<p>a This claim form collects personal information about you</p> <p>b The information is collected to evaluate your claim</p> <p>c The intended recipient of the information is:</p> <p>The insurer named on your policy, herein after called (“the Company”) and is being held by them at their Head Office</p>	<p>d The collection of this information is required pursuant to the terms of your insurance policy</p> <p>e The failure to provide this information may result in your claim being declined</p> <p>f You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993</p>
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Surname of the Insured or name of company	
First name(s) of Insured (Mr/Mrs/Miss/Ms)	
Address	
Home telephone	Business telephone
Mobile telephone	
Email address	

Date	Day	Time
<input type="text"/>	<input type="text"/>	<input type="text"/>
Where the loss occur?		
<input type="text"/>		
Is there any other insurance with any company relating to this loss?		
<input type="checkbox"/> Y	<input type="checkbox"/> N	If yes , please provide details:
<input type="text"/>		
If loss caused by any other person, please provide name and address		
<input type="text"/>		
<input type="text"/>		
Have you, within the past five (5) years, made a claim against any Insurance Company?		
<input type="checkbox"/> Y	<input type="checkbox"/> N	If yes , please provide details, including co. name:
<input type="text"/>		

Police file no.:

04 PROPERTY SCHEDULE

NB: In the case of loss, please attach proof of ownership/purchase receipts and quotes for replacement cost to save delays

NB: Please continue on a separate sheet if necessary

05 DIRECT CREDIT AUTHORITY

If you would like any payment due to be paid direct to a bank account, please provide account details.

Name of Account/Account Number

BANK		BRANCH			ACCOUNT NUMBER						SUFFIX	

06 DECLARATION

Note: Failure to provide full and truthful information could result in the Claim being declined.

- 01 I/We agree to the Company disclosing my/our personal information regarding this claim to:
- a. other parties including other members of the Insurance Industry and the database of the Insurance Claims Register Ltd (ICR Ltd) where it will be retained and made available to other insurance companies to inspect.
 - b. parties who have a financial interest in the subject matter of the policy and parties repairing or replacing the subject matter of the claim.
 - c. I/We understand that I am/we are entitled to have certain rights of access to and correction of the personal information held by the Company and ICR Ltd.
- 02 I/We agree to the Company obtaining personal information about me/us that is, in the Company's view, relevant to this claim.
- a. from any other party including other members of the Insurance Industry and from Insurance Claims Register Ltd (ICR Ltd) which holds details of claims made by me/us under the policies with other insurers.

Policyholder's signature/signed on behalf of all Insured's

Date _____