

GENERAL CLAIM FORM



UNDERWRITER **POLICY REF**

This claim form collects personal information about you which is collected to evaluate your claim. The intended recipient of the information is Apex General Limited and/or the Insurer as applicable. The collection of this information is required pursuant to the terms of your insurance policy and 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.

DETAILS OF INSURED

Full Insured Name/s:
Contact Person: (if a company)
Contact Phone No: Home Business Mobile
Bank Account Details for Direct Credits (if applicable): a/c name
a/c number

DETAILS OF DAMAGE OR LOSS

Date: ____ / ____ / ____ Day of the week: Time: am/pm
Where did the loss occur?
.....
.....

Description (including cause of loss or damage):
.....
.....
Name and Address of person causing damage:
.....
.....

FOR THEFT / BURGLARY

YOU MUST IMMEDIATELY INFORM THE POLICE IF YOU SUSPECT BURGLARY, THEFT, ARSON, MALICIOUS DAMAGE OR ANY OTHER CRIMINAL ACT THAT HAS CAUSED THE DAMAGE OR LOSS.

If Theft/Burglary, between what hours? am/pm and am/pm
If reported to Police - Date reported: ____ / ____ / ____ Police File Number:
When was the loss discovered and by whom?
How was entry to the premises gained?
.....
Were the premises occupied at the time of loss?
Has any arrest been made or is anybody suspected of theft or any other crime?
Has a list of stolen items been given to the police? Yes / No (If Yes please attach a copy)
Has any of the property been recovered? Yes / No (If Yes please provide details)

OTHER PARTICULARS

Are you the sole owner of property damaged or stolen? Yes / No (If No please name any other interested party)
Name: Address:
Details of other insurances covering the property claimed for
If the premises are not owned by you, does the lease make you responsible for repairing any damage? Yes / No
(Please attach a copy of that lease)
Have you had a loss or made any claim against any Insurance Company in the past 5 years (regardless of amount), or ever had a loss exceeding \$5,000? (if so, please supply details including Insurer's name). Yes / No
.....
.....

SCHEDULE OF CLAIM:

Full Description of Article(s)	Date when originally purchased	Where bought, new or second-hand, or if a present, name and address of giver.	Original Cost	Replacement/Repair Cost	Amount Claimed

Can any items be repaired? Yes / No Which items?
Who is your preferred repairer?

DECLARATION:

1. I/We declare that all information contained in this form and on any attachments is complete and correct;
2. I/We agree that, should there be any dispute over any payment of this claim, the Insurer and/or Apex General Limited as applicable shall be entitled to submit the dispute to arbitration.
3. I/We authorise and request the New Zealand Police to release to the Insurer and/or Apex General Limited as applicable, copies of any or all documents held by the New Zealand Police relating to the incident giving rise to this claim. If necessary this authority should be treated as a formal request pursuant to the Official Information Act, 1982.
4. I/We authorise the disclosure of personal information held by any party regarding this claim.
5. I/We agree to Apex General Limited and the Insurer releasing to other parties personal information regarding this claim.
6. I/We authorise the Insurer and/or Apex General Limited and/or authorised agent to give or obtain from other insurers or other parties any information relating to any insurance held or claim made.
7. I/We authorise the insurer and/or Apex General Limited to check against the Insurance Claims register and to place information on the insurance Claims Register which other insurers can access.

NOTE: Failure to provide full and correct information could result in your claim not being accepted by the Insurer.

SIGNED:.....DATE:.....

Please retain damaged goods in case inspection is required. Please attach estimates in support of repairs as appropriate.