

# HOUSE & CONTENTS CLAIM FORM



## Please help us to help you by:

- completing all relevant questions in full as this can avoid the need for further enquiry and possible delay in settling your claim
- enclosing evidence of the amount(s) you are claiming
- signing and dating page 4 of this form

**Insurance fraud is a crime – please ensure all information is correct**

## 1. POLICYHOLDER(S) DETAILS

Policy number \_\_\_\_\_ Claim number (If known) \_\_\_\_\_

Full name (Mr, Mrs, Miss Ms) \_\_\_\_\_

Postal address \_\_\_\_\_

Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Telephone numbers: Home \_\_\_\_\_ Business \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: Home \_\_\_\_\_ Business: \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

## 2. DETAILS OF CLAIM

Date of loss or incident \_\_\_\_\_ Time of loss or incident \_\_\_\_\_ am / pm

Location of where loss or incident occurred \_\_\_\_\_

Please state full details of what happened \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was the loss caused by a person other than yourself? **YES/NO**

If "Yes", please give name, address and telephone number of person causing the loss

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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If a burglary:

i) Please state means of entry \_\_\_\_\_

ii) Was damage caused by gaining entry? **YES/NO**

If "Yes", what damage was caused

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### 3. POLICE DETAILS (If burglary, theft, loss or malicious damage)

Has the loss been reported to the Police? **YES/NO**

If "Yes", please attached the police Acknowledgement Form and complete details below

Date reported \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Which Police Station \_\_\_\_\_

Police File number \_\_\_\_\_

Was a list of missing items given to the Police? **YES/NO**  
(Please note we may request a copy of this from the Police)

### 4. FURTHER INFORMATION

Is there insurance with any other Company relating to this loss? If "Yes", please give details **YES/NO**

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Are you the sole owner of the property? If "No", please give details eg. under joint ownership, mortgage, or hire purchase **YES/NO**

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Do you occupy the premises as the owner or tenant? **OWNER/TENANT**

Were the premises occupied at the time of loss? **YES/NO**

Have you made any other insurance claims over the last five years or have you or any member of your family ever had an insurance claim declined? If "Yes", please give details below **YES/NO**

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Have you, or any member of your family living with you, ever been charged or convicted of any criminal offence other than driving offences? If "Yes", please give details **YES/NO**

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Have you ever had an insurance policy declined, or had special terms imposed? If "Yes", please give details **YES/NO**

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## 5. DETAILS OF ITEMS BEING CLAIMED FOR

**Take care – inflating your claim or adding extra items could see your total claim declined**

### Schedule A – items lost or damaged beyond repair

Full description including make & model	Date purchased or received	From whom purchased	New or secondhand	If secondhand age when purchased	Price paid	Present cost of replacement article

Note: In the case of property lost or stolen we will require proof of ownership. To assist in settlement of such claims, please forward with the claim form the receipt, credit card slip or other document issued to you at the time of purchase. Copies of relevant receipts, creditcard slips or other supporting documents are attached. **YES/NO**

If No, please state why \_\_\_\_\_  
\_\_\_\_\_

If no other property was involved, please write "NONE":

### Schedule B – Items damaged but repairable

Full description including make & model	Date purchased or received	Price paid	Present cost of replacement article	Name of repairer	Estimated repair cost

**Please attach all documents to your claim form.**

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## 6. DIRECT CREDITING AUTHORITY

If your claim is accepted and there are payment(s) to you, we can pay this amount direct into your bank account by direct credit. If you would like us to make this direct credit, please complete the details below. You will be advised if a payment has been made following acceptance of your claim.

Do you wish to use this facility? **YES/NO** Name of Account \_\_\_\_\_

I/We authorise payment to be made into this bank account. (Please attach a deposit slip)

Bank

Branch

Account Number

Suffix

## 7. DECLARATION/PRIVACY ACT 1993/ INSURANCE CLAIMS REGISTER

I/We declare that to the best of my/our knowledge and belief these particulars are complete and correct.

I/We

- a) agree to give any further information that may be required;
- b) understand you require this personal information, which will be retained by you at 146 Somerfield Street, Christchurch before you can evaluate my/our claim;
- c) authorise the disclosure of this personal information regarding this claim to other parties;
- d) authorise the obtaining by you from any other party personal information about me/us that is in your view relevant to this claim;
- e) authorise the obtaining by you from Insurance Claims Register Limited (ICR Ltd), which holds details of claims made by me/us under policies with other insurers, personal information about me/us that is in your view relevant to this claim;
- f) authorise you to place details of this claim on the database of ICR Ltd, PO Box 474, Wellington, where it will be retained and be available to other insurance companies to inspect;
- g) understand that I am/we are entitled to have certain rights of access to and correction of the personal information held by you and ICR Ltd.

The collection of this information is required under the terms of your policy. Failure to provide it may result in your claim being declined.

Signature of the Policyholder(s) (If the policy is in joint names, both signatures are required)

\_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_