

# CORPORATE AND COMMERCIAL CLAIM FORM



# RUNACRES

## 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 \_\_\_\_\_

Contact Person \_\_\_\_\_

## 2. DETAILS OF CLAIM (COMPLETE IN ALL CASES)

Date of fire, accident or loss \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of fire accident or loss \_\_\_\_ am / pm

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b) Is the property owner/occupied, rented or let to tenants? Please specify which one.

\_\_\_\_\_

\_\_\_\_\_

c) Is there insurance with any other company relating to this loss? If so, please give details.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CORPORATE AND  
COMMERCIAL  
CLAIM FORM**



**RUNACRES**

d) If loss was caused by another person who is not your employee, please give their name, address, and telephone number.

---

---

e) Have you made any other insurance claims over the past 5 years? **YES**      **NO**

If Yes, please give details

---

---

**3. GLASS BREAKAGE**

If you are the tenant of commercial premises please provide proof that you are liable under the terms of your lease.

Particulars of Glass Damaged:

Description (plain, plate, mirrored, etc.)	Height	Width	Position (Door, window, etc)

**4. POLICE DETAILS (IF BURGLARY, THEFT, LOSS OR MALICIOUS DAMAGE)**

a) To which police station was it reported? \_\_\_\_\_ b) Date reported \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

c) Attach police form **YES**      **NO**      d) Police file number \_\_\_\_\_

**5. MATERIAL LOSS (FOR EXAMPLE FIRE, BURGLARY OR ACCIDENTAL DAMAGE)**

State names of others who have an interest in the property ie, by way of joint ownership, mortgage, hire purchase, etc.

---

---

---

If burglary claim state means of entry to the premises.

---

---

# CORPORATE AND COMMERCIAL CLAIM FORM



# RUNACRES

**Schedule: Please provide full details of items being claimed for below:**

Full description including make & model	Date purchased or received	From who purchased	New or secondhand	If secondhand age when purchased	Price paid	* Present cost of replacement article
<b>Total</b>						

**Note: In the case of property lost or stolen we will require proof of ownership. To avoid delay in settlement of such claims please forward with the claim form the receipt, visa slip or other document issued to you at the time of purchase.**

## 6. PUBLIC LIABILITY (damage to property of other parties)

Has a claim been made on you? **YES**      **NO**      If Yes, please advise name of Party \_\_\_\_\_

If a motor vehicle was involved please state

**Owner's name** \_\_\_\_\_

**Driver's name** \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Additional information \_\_\_\_\_

Licence details \_\_\_\_\_

\_\_\_\_\_

Year, make and model of vehicle \_\_\_\_\_

Witnesses:

Name \_\_\_\_\_

Address \_\_\_\_\_

## 7. 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



8. DECLARATION/PRIVACY ACT 2020/ INSURANCE CLAIMS REGISTER

I/We declare that, to the best of my/our knowledge and belief, the information provided in support of this claim is true, complete, and correct.

I/We acknowledge and agree that:

- a) I/we will provide any further information reasonably required to assess, manage, or verify this claim;
- b) the personal information collected is required to evaluate and administer my/our claim and will be held and managed in accordance with your privacy policy and the Privacy Act 2020;
- c) you may use and disclose this personal information to insurers, reinsurers, loss adjusters, investigators, medical providers, legal advisers, repairers, and any other third parties where reasonably necessary for the purpose of assessing, managing, settling, or reviewing this claim;
- d) you are authorised to collect, verify, and obtain personal information about me/us from any person, organisation, database, or source that you reasonably consider relevant to this claim, including by using the information I/we have provided;
- e) you, and any third party acting on your behalf, are authorised to request and obtain information relating to any incident connected with this claim from the New Zealand Police or any other relevant authority, where you reasonably consider that information relevant to this claim;
- f) you are authorised to obtain personal information about me/us from Insurance Claims Register Limited (ICR Ltd), which holds details of insurance claims made by me/us with other insurers, where you consider this information relevant to this claim;
- g) you are authorised to disclose and lodge details of this claim with ICR Ltd (PO Box 474, Wellington), where the information may be retained and made available to other insurers for underwriting, claims management, fraud prevention, and risk assessment purposes;
- h) I/we understand that under the Privacy Act 2020, I/we have rights to request access to, and correction of, personal information held by you and by ICR Ltd, subject to applicable legal limits.

I/We acknowledge that the collection of this information is required under the terms of the insurance policy. Failure to provide the requested information may result in the claim being delayed, reduced, or declined.

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

\_\_\_\_\_

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