

HOUSE & CONTENTS 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: _____

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

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**

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

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**

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

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 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:

- I/we will provide any further information reasonably required to assess, manage, or verify this claim;
- 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;
- 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;
- 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;
- 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;
- 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;
- 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;
- 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 ____/____/____