

Claim Form

House and Contents



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 3 of this form

Issued by

Date

Office

INSURANCE FRAUD IS A CRIME - PLEASE ENSURE ALL INFORMATION IS CORRECT

1. Policyholder(s) details

Policy/Client number

Claim number (if known)

Full name

Mr

Mrs

Miss

Ms

Postal address

Date of birth

Telephone

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 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

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 attach 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. 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

Are any of these items used for business, trade or professional purposes? Yes ☐ No ☐

If yes, please list items

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, credit card slips or other supporting documents are attached.

If No, please state why. Yes ☐ No ☐

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

5. 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 lost/damaged? If No, please give details eg. under joint ownership, mortgage, or hire purchase etc.

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 ☐

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 below

Yes ☐ No ☐

Have you ever had an insurance policy declined, or had special terms imposed? If "Yes", please give details below

Yes ☐ No ☐

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 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 the 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 48 Shortland Street, Auckland 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.

Date

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

Please attach proof of ownership, ie. receipts, credit card slips or other supporting documents here.

Upon completion, please return the form to Vero Insurance, Private Bag 92120, Auckland 1142. Phone toll free 0508 806 244

This AMP branded general insurance product is underwritten by Vero Insurance New Zealand Limited.