GENERAL Personal	Commerc	cial 🗆				
Pursuant to the Privacy Act 1993 the following is brought to (a) This claim form collects personal information about you (b) The information is collected to evaluate your claim; (c) The intended recipient of the information is: The named below (hereinafter called "the Company") being held by them at their Head Office	o your attention: ou; (d) T to Insurer (e) T and is c (f) Y	The collection of thi erms of your insura The failure to provokalim being declined for have rights of	nce policy; ide this informa l; of access to,	required pursuant to ation may result in y and correction of, of the Privacy Act 19	your	
Claim No :	Polic	y No :				
Insurance Coy :		-				
Branch :	Exce	ess :			Premium Paid:	Y/N
A. POLICY HOLDER						
Full name of insured: Mr/Mrs/Miss/Ms						
Postal Address				Tele	phone Day	
Occupation	Employe	er		Nigh	ıt	
Bank Account Number for Direct Credit Paym	ient					
B. CIRCUMSTANCES OF LOSS. PLEASE O	OMPLETE IN A	LL CASES				
1) Date:/20 Day: 2) Where did loss occur?						
Is there any other insurance with any Com			-			
5) If loss caused by another person please gi	ve name and add	dress:				
6) Have you, within the past 5 years, made a						
C. COMPLETE IN ALL CASES RELATING						
1) Are you the sole owner of the property con	cerned?	Yes No No				
If No, Supply details of other interest and part	y concerned:					
2) If burglary, loss, or theft claim To which Police Station was it reported?						
Acknowledgement form attached.		Yes No No				
If burglary, state means of entry to premises						
N.P. In the case of loss places attack was fi		ROPERTY SCI		or roplosors and -	ant to nave deleve	
N.B. In the case of loss, please attach proof of Description of property lost or damaged (State each article/item separately)	ite Purchased & Price	Present Cos Replaceme	t of Dep	or replacement or reciation for & Condition	Value of Salvage (if any)	Amount Claimed
	RTY SCHEDULE					
NOTE: QUESTIONS AN	ID DECLARATION	ONS ON THE B	ACK OF TH	IS FORM MUST	BE COMPLETED.	

- If you are the tenant of co	ommercial premises r	olease provide proof t	hat you are liable unde	er the terms of your leas	Se -				
Description (Plain, Plate Etc)		Height Width		Where fixed (window, door etc)					
Decemperation (Frame, France 210)									
E. PUBLIC LIABILITY									
1) Name and address of owner of property damaged									
Phone No:	one No:(if known								
Was the owner known to you?	In what capacity								
2) Has a claim been made on you?	Yes ☐ No ☐								
If 'Yes' advise details									
3) Names and addresses of witnesses of									
	Name: Phone:								
	Name: Phone:								
Name:			Phone:						
PROPERTY SCHEDULE CONTINUED									
Description of property lost or damaged (State each article/item separately)	Date Purchased & Price	Present Cost of Replacement	Depreciation for Age & Condition	Value of Salvage (if any)	Amount Claimed				
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				TOTAL					
DECLARATION: Note: Failure to provi	de full and truthful i	nformation could re	esult in the Claim hein	na declined					
DECLARATION: Note: Failure to provide full and truthful information could result in the Claim being declined. 1) I/We agree to The Company disclosing my/our personal information regarding this claim to:									
(a) Other parties including other memb	ers of the Insurance Ind	dustry and the data base	e of the Insurance Claims	Register (ICR Ltd) P.O. F	3ox 474, Wellington,				
where it will be retained and made available to other insurance companies to inspect. (b) Parties who have a financial interest in the subject matter of the policy and parties repairing or replacing the subject matter of the claim.									
(c) I/We understand that I am/We are Ltd.	entitled to have certain	rights of access to and	correction of the persona	al information held by The	Company and ICR				
2) I/We agree to The Company obtaining personal information about me/us that is, in The Company's view, relevant to this claim. (a) From any other party including other members of the Insurance Industry and from Insurance Claims Register Ltd (ICR Ltd) Which holds details of claims									
made by me/us under policies with other insurers. All the information and answers (whether written or oral) given to The Company in connection with this claim are correct and that no information relevant to the claim									
has been omitted. I/We authorize The Compa			T Will tille olaili are correc	of and that no miorination					
Insured Signature Date:									
(If a a many state a constitut)									
(If company, state capacity)									
IF CLAIM IS FOR BURGLARY, THEFT OR LOSS THE FOLLOWING STATUTORY DECLARATION MUST BE COMPLETED									
I hereby declare that the answers given above are in every respect correct and I make this solemn declaration conscientiously believing the same to be true and by virtue of Oaths and Devlaration Act 1957.									
	Signature:								
Declared at:	ared at:								