



# GENERAL CLAIM FORM

Please return to:

PIC Client #

## Insured Details

Name  Insurer

Present Postal Address  Policy #

Expiry Date

Home Ph  Mobile  Work Ph

Email

Bank Account Details

## Details of Damage or Loss

Date of Loss  Day of Week  Time

Where did loss occur?

What Happened?  
(If burglary, please also state means of entry, attach separate sheet if required)

If loss was caused by another person, please give name, address and contact details

Details of any claim made in the last 5 years

Are you the sole owner of the property concerned?  Yes  No

Was an alarm fitted?  Yes  No Was the alarm on?  Yes  No

Is there any other insurance relating to this loss?

**For Theft/Burglary**

**You must immediately inform the police if property has been lost or if you suspect burglary, theft, arson, malicious damage or any other criminal act that has caused the damage or loss.**

**Please attach a copy of the Police acknowledgement form or note file number below**

Date reported

File #

**Property Schedule**

Description of Property Lost	Date bought or received	Present Cost of Replacement (quotes required)	Amount Claimed

*If more space is required, please attach a separate sheet*

Please attach proof of purchase/ownership on all items claimed. Proof of purchase can be but is not limited to one of the following, receipts, photographs, packaging, serial numbers, etc.

Please attach quotes for replacement of items claimed.

**Privacy Act**

Pursuant to the Privacy Act 1993 the following is brought to your attention:

- (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: PIC Insurance Brokers Ltd and/or the Insurer as applicable.
- (d) The collection of this information is required pursuant to the terms of your insurance policy;
- (e) The failure to provide this information may result in your claim being declined;
- (f) You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

**Declaration**

**1) I/We agree to The Company disclosing my/our personal information regarding this claim to:**

- (a) Other parties including other members of the Insurance Industry and the database of the Insurance Claims Register (ICR Ltd) PO Box 474 Wellington, where it has been 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 entitled to have certain rights of access to and correction of the personal information held by The Company and ICR Ltd.

**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 Company to act on my/our behalf.

Signed

Date

Position