

General Claim Form



You are using the interactive version of this form. It is best used with Adobe Acrobat DC: For Desktop: [Free Download Here](#)

For iPhone: For Android:

Stuck? [View our user guide.](#)

Email this form to: claims@pic.co.nz

Client Number: _____

Policy Number: _____

Insurance Company: _____

1. POLICY HOLDER

Name of Insured _____

Occupation _____

Contact Person _____

Telephone No. Landline (____) _____ Mobile (____) _____

Email _____

Address _____

2. BANK ACCOUNT DETAILS

If your claim is accepted and you wish to be paid directly into your bank account, please fill out the details below.

<input type="text"/>																			
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

3. DETAILS OF THE DAMAGE OR LOSS

Date of loss/damage ____ / ____ / ____ Time ____ : ____ AM / PM

Where did loss happen? (Address) _____

Full explanation of what happened? (Loss/burglary/damage/storm/etc.)

If burglary, please also state means of entry.

If loss was caused by another person, please provide the following details:

Name _____

Address _____ Postcode _____

Telephone No. Landline (____) _____ Mobile (____) _____

6. CHECK LIST

Receipts Photographs Packaging/Manuals Serial Nos Police Report Quote

7.PRIVACY

Pursuant to the Privacy Act 2020 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: The Insurer named above (hereinafter called "the Company") and is being held by them at their head office.
- d. The collection of this information is required pursuant to the terms of your insurance policy.
- e. 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 2020.

8.DECLARATION

PLEASE NOTE: Failure to provide full and truthful information could result in the claim being declined

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld.

I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.

I/We acknowledge that I/we have read and understood the Privacy Act 2020 information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim, with their approval.

I/We acknowledge that if I/we do not agree to the collection of this personal and sensitive information your insurer will be unable to process my/our claim.

I/We agree to the Company disclosing my/our personal information regarding this claim to:

Parties who have financial interest in the subject matter of the policy and parties repairing or replacing the subject matter of the claim.

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 will be retained and made available to other insurance companies to inspect.

Signature of Insured _____

Name of Insured _____

Date ____ / ____ / ____
 D M Y

Unsure how to sign documents in Adobe Acrobat DC? [View our user guide.](#)