

GENERAL CLAIM ADVICE

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

- This claim form collects personal information about you;
- The information is collected to evaluate your claim;
- The intended recipient of the information is: _____

(hereinafter called "the Company") and is being held by them at:

- The collection of this information is required pursuant to the terms of your insurance policy;
- The failure to provide this information may result in your claim being declined;
- You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

A. POLICY HOLDER

Full name of insured: Mr/Mrs/Miss/Ms

Email

Postal address

Phone day

Occupation

Employer

Phone night

B. CIRCUMSTANCES OF LOSS – PLEASE COMPLETE IN ALL CASES

1. Date: / /20

Day

Time

2. Where did loss occur?

3. Please explain what happened

4. Is there any other insurance with any Company relating to this loss. If so, give particulars

5. If loss caused by another person please give name and address

6. Have you, within the past 5 years, made a claim against any Insurance Company? If so, please supply details including Company name.

C. COMPLETE IN ALL CASES RELATING TO PROPERTY LOSS OR DAMAGE

1. Are you the sole owner of the property concerned? If No, supply details of other interest and party concerned. Yes No

2. If burglary, loss, or theft claim, to which Police Station was it reported?

Date reported

Acknowledgement form attached

Yes No

D. PUBLIC LIABILITY

1. Name and address of owner of property damaged

Phone

Insurance Company (if known)

Was the owner known to you? Yes No

In what capacity

2. Has a claim been made on you? Yes No

If 'yes' advise details

3. Names and addresses of witnesses of accidents

Name

Address

Phone

