

Property and Personal Effects Claim form

Important notice

You must answer all questions honestly and fully. The issue of this claim form is not an admission of liability by Insurer

How to complete this form

- To help us process your claim quickly, you must answer all questions fully. If there is insufficient space, please use additional pages. If a question is not relevant to your situation, please write 'N/A'.
- If you are completing this form by hand, please ensure you write clearly.
- If you are completing this form electronically, please open it using the latest version of Adobe Reader. Use your mouse/trackpad to take the cursor to the next editable field. Boxes can be ticked either by using your mouse/trackpad or by hitting 'enter'. Upon completion, please print out this form and sign the declaration.
- The signed form should then be posted, or emailed, to your broker.

Broker

Company

Individual

A Insured's details

1. Insured's name

2. Policy number

3. Expiry date

dd / mm / yyyy

4. Address

5. Phone

Work

Mobile

6. Email address

7. Bank details (to be used for claims settlements)

(a) Payee name

(b) For payments into New Zealand accounts, please provide bank, branch and account numbers.

(c) For payments into overseas accounts, please provide the following:

Bank

Branch

Country

Swift/sort code

Account number

B Circumstances of loss/damage

1. Address/location where loss or damage occurred

2. Date of loss/damage

dd / mm / yyyy

Time

am

pm

3. Date first became aware of loss/damage

dd / mm / yyyy

Time

am

pm

4. Please describe the incident giving rise to the loss or damage in as much detail as possible.

5. Glass breakage

(a) If you are the tenant of commercial premises, please provide proof that you are liable under the terms of your lease and tick to indicate enclosure.

Enclosed

(b) Please provide the following details of glass damage:

Description (plain, plate, mirrored etc)	Height	Width	Position (door, window etc)

6. Do you regard any person other than yourself responsible for the loss or damage?

Yes

No

If 'Yes', please provide details of that person and state why you think they are responsible.

7. Did you own all of the damaged property?

Yes

No

If 'No', please provide the owner's name, address and contact details.

8. Does anybody else have an interest in the property (eg joint ownership, mortgage, hire purchase)?

Yes

No

If 'Yes', please provide details.

Additional information for burglary and theft claims only

Important: The Police must be notified of all burglary/theft claims and a Police Complaint Acknowledgement form obtained.

9. Please describe the method of entry.

10. Have the Police been notified about this loss/damage?

Yes No

Date

Police Station

File number

Please attach the Police Complaint Acknowledgement form and tick to indicate enclosure. Enclosed

C Items being claimed

1. Please provide details of the items being claimed against.

In the case of property lost or stolen, please attach receipts, valuations, guarantees or other documents to support your ownership. This will help to ensure a speedy settlement of this/your claim.

Description of property lost/damaged/destroyed (Include make/model/serial number where applicable.)	Date purchased or acquired	From whom purchased	Price paid	Current cost of replacement
			NZD	NZD
			NZD	NZD
			NZD	NZD
			NZD	NZD
			NZD	NZD
			Total	NZD
			Less Excess	NZD
			Total amount claimed	NZD

If you require more space, please continue on a separate sheet of paper.

D Other insurance

1. Do you have any other insurances under which a claim could be made?

Yes No

If 'Yes', please provide the name of the insurer, your policy number and the type of policy.

Insurer

Policy number

Type of policy

2. Have you ever submitted a similar claim to any insurer other than QBE?

Yes No

If 'Yes', please provide the name of the insurer and the date and value of the claims.

Insurer	Date	Amount
		NZD
		NZD
		NZD
		NZD
		NZD

Declaration

I/We declare that:

- (a) The information and answers given above are correct to the best of my/our knowledge and belief. I/We have not withheld any information likely to affect **insurers's** consideration of the claim.
- (b) I/We understand that **Vanguard Insurance and Insurance Company** requires this information (which will be retained by **insurer**) to evaluate the claim. I/We understand that the Privacy Act 1993 entitles me/us to have access to, and request the correction of, this information.
- (c) **Vanguard Insurance Brokers and insurance Company** are authorised to disclose information received from me/us to its advisers, reinsurers and to other insurers. I/We authorise **Vanguard Insurance Brokers and insurance Company** to obtain, from any other party, information that is, in **Insurance Company's** view, relevant to this claim.

Signed by applicant

Date

dd / mm / yyyy

Printed name

Phone

Position

Mobile

Email address

PRINT