



UK Property Claim Form



UK Property Claim Form



Instructions

To assist **us** in considering **your** claim as soon as possible, please complete all questions in full to the extent relevant and attach any relevant invoices and other documents to support **your** claim.

It is important that **you** provide honest, complete, up-to-date and relevant information when completing this form.

The issue and acceptance of this claim form does not constitute an admission of liability by the **Insurer** or a waiver of its rights.

Please email completed claim forms to:

Policy Holder Details

Insured Entity

Policy Number

Address

Contact Personal Details

Full Name

Contact Phone

Email

Broker Company

Loss Details

When did the loss occur?

Time

AM

PM

Date (dd/mm/yyyy)

Where did the loss occur?

Description of what happened, why and how:

Continue on page 6 if additional space is required.

Do you know who was responsible for the loss? Yes No Not Applicable

Name and Contact

Is there finance on any of the property claimed for? Yes No Not Applicable

Details

Were the police notified? Yes No Not Applicable

Reference

Is there other insurance on this property? Yes No Not Applicable

Details

Loss Schedule

Items or areas of damage being claimed for: (Please list if known)

Continue on page 6 if additional space is required.

Item	Original purchase date	Purchased from	Original purchase price	Replacement/repair price	Evidenced by: (Quote/invoice)
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	

Comments

Declaration

Claim Privacy Consent, Authority and Declaration Claim Privacy Consent

I/we:

1. understand that the **Insurer** requires personal information (which may include Health information) so that the **Insurer** can evaluate this claim and administer the insurance policy and that failure to consent to the collection, use and disclosure of personal information may result in the claim being refused in part or in full;
2. authorise the **Insurer** to obtain from other parties personal information (which may include Health information) about me/us that the **Insurer** views as relevant to the claim;
3. agree to the **Insurer** disclosing to other parties, including but not limited to, service providers engaged by the **Insurer**, the insurance broker, the policy holder (if this differs from the claimant), EQC or reinsurers personal information (including Health information) collected in relation to this claim or the insurance policy;
4. understand that I/we have rights of access to, and correction of, personal information held by the **Insurer**.

If **you** would like to access a copy of **your** personal information, or to correct or update **your** personal information, please contact **our** Privacy Officer on: 0800 867 677; or emailing admin@360commercial.co.nz

Authority and Declaration

I/we:

1. understand that in evaluating my/our claim or by accepting documents in support of my/our claim, The **Insurer** has made no acceptance of liability nor waived any of its rights;
2. confirm that any information that I/we supply will be true, correct and complete and that I/we will not withhold any information likely to accept the acceptance or handling of my/our claim and understand that if I/we provide untrue information or do not disclose relevant information that it might result in my/our claim being declined in part or in full;
3. agree to notify the **Insurer** immediately if any lost or stolen property is subsequently recovered, and at the **Insurers** option surrender the property to the **Insurer** or refund the amount of money received; and
4. will give all reasonable assistance to the **Insurer** and co-operate in the assessment of my/our claim

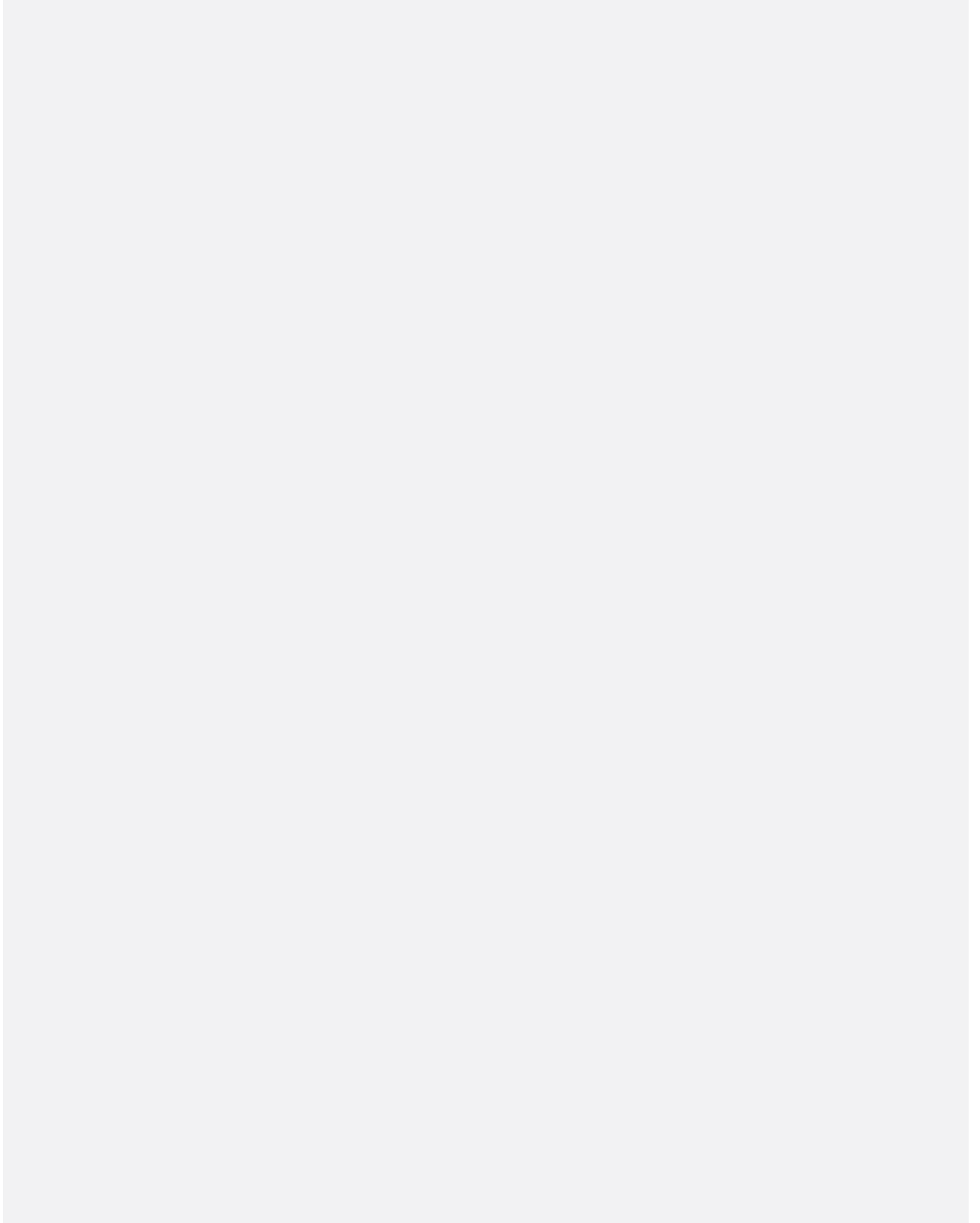
Signed

Printed Name

Position

Date (dd/mm/yyyy)

Additional Information Space



Important Information

In this Section, “we”, “our” and “us” means the **Insurer**.

“You” and “your” means the person(s) or entity named in the **schedule** as ‘**Insured**’ including any new entity or subsidiary companies or subsidiaries thereof or any controlled or managed entity now or hereafter formed or acquired. **We** may also use the word ‘**Insured**’ to describe **you**.

Duty of Disclosure

The insureds duty of disclosure

Before entering into a contract of insurance with the **Insurer**, each prospective **insured** has a duty to disclose to the **Insurer** information that is material to the **Insurer’s** decision whether to accept the insurance and, if so, on what terms. This includes material information about the **insured**, any other people and all property and risks **insured** under the policy. Information may be material whether or not a specific question is asked.

There is the same duty to disclose material information to the **Insurer** before renewal, extension, variation or **reinstatement** of a contract of insurance with the **Insurer**. The **insured** should also provide all material information when they make a claim or if circumstances change during the term of the contract of insurance.

It is important that each prospective **insured** understands all information provided in support of the application for insurance and that it is correct, as each prospective **insured** will be bound by the answers and by the information it has provided.

The duty of disclosure continues after the application for insurance has been completed up until the time the contract of insurance is entered into.

Consequences of non-disclosure

If an **insured** fails to comply with its duty of disclosure, the **Insurer** may be entitled, without prejudice to its other rights, to reduce its liability under the contract in respect of a claim or refuse to pay the entire claim. The **Insurer** may also have the right to avoid the contract from its beginning. This means the contract will be treated as if it never existed and no claims will be payable.

Fair Insurance Code

The **Insurer** is a member of the Insurance Council of New Zealand (**ICNZ**) and a signatory to ICNZ’s Fair Insurance Code (**the Code**). The Code and information about the Code is available at www.icnz.org.nz and on request.



Financial Strength Rating

At the time of print, Lloyd’s has an AA- financial strength rating given by S&P Global Ratings.

The rating scale is:

AAA Extremely Strong	AA Very Strong	A Strong
BBB Good	BB Marginal	B Weak
CCC Very Weak	CC Extremely Weak	
SD or D Selective Default or Default	R Regulatory Action	NR Not Rated

The rating from ‘AAA’ to ‘CC’ may be modified by the addition of a plus (+) or minus (-) sign to show relative standings within the major rating categories. A full description of the rating scale is available on the S & P Global Ratings www.spglobal.com.

The **Insurer’s** rating is reviewed annually and may change from time to time, so please refer to the **Insurer’s** website for the latest financial strength rating.

Privacy Statement

This statement is a summary of **our** privacy policy and provides an overview of how **we** collect, disclose and handle **your** personal information.

We are committed to protecting **your** privacy. **We** collect, use and retain **your** personal information in accordance with the requirements of *New Zealand’s Privacy Act*, as amended or replaced from time to time.

Personal information handling practices

When does the Insurer collect the insured's personal information?

The **Insurer** collects **your** personal information (which may include health information) from **you** when **you** interact with the **Insurer**, including when **you** are applying for, changing or renewing an insurance policy with the **Insurer** or when the **Insurer** is processing a claim, complaint or dispute. The **Insurer** may also (and **you** authorises the **Insurer** to) collect **your** personal information from other parties such as brokers or service providers, as detailed in the **Insurer's** privacy policy.

Purpose of Collection

The **Insurer** will collect and hold the information to offer products and services to **you**, including to assess applications for insurance, to provide and administer insurance products and services, and to handle any claim, complaint or dispute that may be made under a policy.

If **you** do not provide the **Insurer** with this information, the **Insurer** may not be able to provide **you** or **your** organisation with insurance or to respond to any claim, complaint or dispute, or offer any other products and services to **you** or **your** organisation.

Sometimes, the **Insurer** may also use **your** personal information for the **Insurer's** marketing campaigns and research, to improve **our** services or in relation to new products, services or information that may be of interest to **you**.

Recipients of the Information and Disclosure

The **Insurer** may disclose the information collected to third parties, including:

- + contractors and contracted service providers engaged by **us** to deliver **our** services or carry out certain business activities on **our** behalf (such as actuaries, loss adjusters, claims investigators, claims handlers, professional advisers including lawyers, doctors and other medical service providers, credit reference bureaus and call centres);
- + intermediaries and service providers engaged by **you** (such as current or previous brokers, travel agencies and airlines);
- + the policy holder (where **you** are not the policy holder);
- + insurance and reinsurance intermediaries, other **Insurers**, the **Insurer's** reinsurers, marketing agencies;
- + government agencies or organisations (where the **Insurer** is required to by law); and
- + 360 Commercial Limited.

These third parties may be located outside New Zealand. In such circumstances the **Insurer** also takes steps to ensure **your** personal information remains adequately protected.

From time to time, the **Insurer** may use **your** personal information to send **you** offers or information regarding the **Insurers** products that may be of interest to **you**. If **you** does not wish to receive such information, please contact **our** Privacy Officer using the contact details provided below.

Rights of Access to, and Correction of Information

If **you** would like to access a copy of **your** personal information, or to correct or update **your** personal information, want to withdraw **your** consent to receiving offers of products or services from **us** or persons **we** have an association with, please contact the Privacy Officer by posting correspondence to:

Email. admin@360commercial.co.nz
Telephone. 0800 867 677
Post: 360 Commercial Limited
PO Box 9521, Waikato Mail Centre, Hamilton 3240

How to Make a Complaint

If **you** have a complaint or would like more information about how **we** manage **your** Personal Information, please review **our** Privacy Policy for more details, or contact **our** Privacy Officer at the details above.

You also have a right to address **your** complaint directly to the Privacy Commissioner by telephoning 0800 803 909, emailing enquiries@privacy.org.nz or using the online form available on the Privacy Commissioner's website at www.privacy.org.nz.

Complaints and Dispute Resolution

Complaint handling arrangements

We take the concerns of its customers very seriously and has detailed complaint handling and dispute resolution procedures that **you** may access, at no cost to **you**. To assist **us** with **your** enquiries, please provide **us** with **your** claim or policy number (if applicable) and as much information as **you** can about the reason for **your** complaint or dispute.

The complaints and dispute procedures are as follows:

Stage 1 – Complaint handling procedure

If **you** have a complaint in respect of this Policy, including any claim made on this Policy, the complaint may be addressed to:

Email. admin@360commercial.co.nz
Telephone. 0800 867 677
Post: 360 Commercial Limited
PO Box 9521, Waikato Mail Centre, Hamilton 3240

We will acknowledge **your** complaint within five business days, provide **you** with the name and contact details of the person handling the complaint, have the matter fully investigated by a suitably experienced person not previously involved in the case, and inform **you** of the progress or outcome of the matter within 10 business days.

Where further information, assessment or investigation is required we will agree reasonable time frames with **you** for its completion.

We will update you at least once every 20 business days, or at another interval agreed with you, until the complaint is resolved.

Stage 2 – Dispute resolution procedure

In the event we do not resolve the matter **you** may request a stage two review. This will be conducted by Lloyd's Australia on behalf of Lloyd's in New Zealand. They can be contacted at:

Email. ldmz@lloyds.com
Telephone. 04 472 7582
Post. Lloyd's General Representative New Zealand
c/- Hazelton Law
PO Box 5639, Wellington 6143

Stage 3 – External dispute resolution

Should **you** remain dissatisfied with the response from the above, **you** may be eligible to refer **your** complaint to the Insurance and Financial Services Ombudsman (IFSO) in New Zealand. The contact details are as follows:

Email. info@ifso.nz
Freephone. 0800 888 202
Telephone. 04 499 7612
Post. Insurance and Financial Services Ombudsman (IFSO)
PO Box 10-845, Wellington 6143
Web. www.ifso.nz

The IFSO Scheme will require a "deadlock" to be reached before considering a complaint. If **your** complaint is not resolved to **your** satisfaction within two months of notification **you** will be provided a "deadlock" letter explaining why the matter has not been resolved.

If **you** feel **your** human rights have been breached **you** can contact the Human Rights Commission on 0800 496 877 or through its website: www.hrc.co.nz.

The complaints handling arrangements above are without prejudice to **your** rights in law.



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