



# Property Claim Form

# 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.

- + If your insurer is AIG, please email completed claim form to: [brokerclaims@aig.com](mailto:brokerclaims@aig.com)
- + If your insurer is Chubb, please email completed claim form to: [nz.claims@chubb.com](mailto:nz.claims@chubb.com)
- + If your insurer is Lloyd's, please email completed claim form to: [360UKclaims@godfrey.co.nz](mailto:360UKclaims@godfrey.co.nz)

## Policy Holder Details

Insured Entity	Policy Number
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/>	

## Contact Personal Details

Full Name	Contact Phone
<input type="text"/>	<input type="text"/>
Email	Broker Company
<input type="text"/>	<input type="text"/>

## Loss Details

When did the loss occur?

Time	AM	PM	Date (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 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 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**, 360 Commercial Limited, the insurance broker, the policy holder (if this differs from the claimant), NHI or reinsurers personal 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](mailto: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

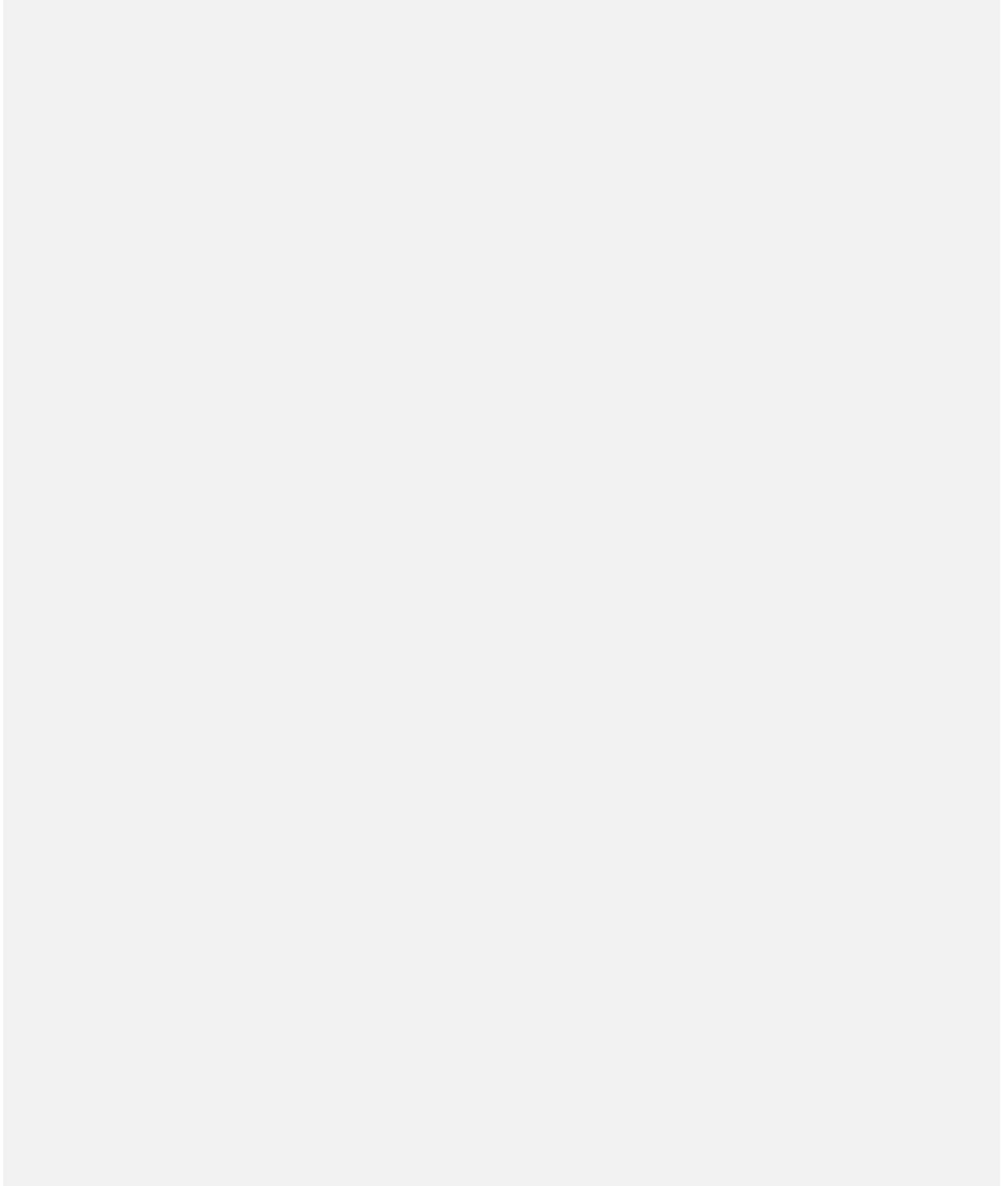
Date (dd/mm/yyyy)

## 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.

## Additional Information Space





# 360

Commercial

PO Box 9521,  
Waikato Mail Centre,  
Hamilton 3240

