

PROPERTY LOSS INVENTORY

N.B. Please attach Receipts, Valuations, Invoices or other documents to support ownership, value, purchase or repair.

Full description of Property lost, damaged or destroyed (including Serial No. and/or identifying marks)	Date obtained if secondhand state age of item when obtained	From whom purchased or acquired (Name and Address)	Present Purchase Price \$	Repair Cost \$	1. Deductions for age, use or wear and tear 2. Salvage Value	Amount Claimed \$
1.					1. 2.	
2.					1. 2.	
3.					1. 2.	
4.					1. 2.	
5.					1. 2.	
6.					1. 2.	
7.					1. 2.	
8.					1. 2.	
9.					1. 2.	
10.					1. 2.	

WARNING: Wilful or reckless exaggeration or inflation of the amount claimed will forfeit the claim and may result in prosecution.

AMOUNT \$

COMPLETE THIS SECTION FOR ALL GLASS, MIRRORS, HANDBASINS, TOILETS, SPECTACLES, CONTACT LENSES CLAIMS.

1. IS REPLACEMENT IDENTICAL TO ORIGINAL PROPERTY? YES NO (tick ✓ either box)
IF NO, WHAT IS THE COST TO REPLACE WITH ORIGINAL? \$
2. DOES THE AMOUNT INCLUDE ANY EYE TESTING CHARGES? YES NO (tick ✓ either box)
IF YES, WHAT IS THE COST? \$

DECLARATION: I solemnly and sincerely declare that:

1. All of the statements and information in this claim form are correct;
2. The articles and property in this claim form are correctly described above and were lost, stolen or damaged under the circumstances described on this claim form;
3. I have told Allianz everything which may be relevant to this claim;
4. It is further understood and agreed that if any of the property mentioned in this claim is subsequently recovered, in respect of which compensation has been received by me, or any other insureds I undertake to notify Allianz immediately and refund it in cash the value of the recovered item(s);
5. I further understand that:
 - (a) I am required to co-operate with Allianz and provide this information and if I do not, Allianz may decline my claim;
 - (b) I have certain rights of access to and correction of the personal information provided by me on this claim form or in support of this claim. But if I do provide any incorrect information, Allianz may be entitled to decline my claim whether or not it is later corrected;
6. I authorise Allianz to obtain personal information about me from any other party and to release that information to other parties if requested;
7. I authorise Allianz to obtain copies of any documents or information relating to this claim from the New Zealand Police.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Signature of Insured: Date

Witnessed: Date

Person authorised to take statutory declaration

NOTES RELATING TO DISCUSSIONS WITH CLIENT

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