Lumley General Insurance

Lumley General Insurance (N.Z.) Limited

Lumley House
7 City Road
Auckland
P.O. Box 2426
Telephone: 0-9-308 1100
Facsimile: 0-9-308 1112

CLAIM FORM

INSURED DETAILS

Claim No. (if known):.....

THE INSURED

POLICY No.

EXPIRY DATE

Present Postal Address

Contact Telephone No. Home Business Occupation

Type of Policy

DETAILS OF DAMAGE OR LOSS

Date Day of the Week Time: a.m./p.m.

If Theft/Burglary, between what hours? a.m./p.m. and a.m./p.m.

Where did the loss occur?

Brief description (including cause of loss or damage)

Name and Address of person causing damage

YOU MUST IMMEDIATELY INFORM THE POLICE IF PROPERTY HAS BEEN LOST OR IF YOU SUSPECT BURGLARY, THEFT, ARSON, MALICIOUS DAMAGE OR ANY OTHER CRIMINAL ACT HAS CAUSED THE DAMAGE OR LOSS

If Reported to Police - Date reported Name of Police Station (Attach Police acknowledgement form).

Amount claimed (as shown on Schedule on reverse side of this form) $

OTHER PARTICULARS

When was the loss discovered and by whom?

If Theft/Burglary, how was entry to the premises effected and was any damage caused in gaining entry?

Were the premises occupied at the time of loss?

Has any arrest been made or is anybody suspected of theft or any other crime?

Has any of the property been recovered?

If the premises are not owned by you does the lease make you responsible for repairing any damage?

Are you the sole owner of property damaged or stolen? Yes ◯ No ◯ If No, please name any other interested party (e.g. Mortgagee, Trustee, etc.):

NAME BRANCH

Details of other insurances covering the property claimed for

Have you had a loss or made any claim against any Insurance Company in the past 5 years (regardless of the amount), or ever had a loss exceeding $5,000? (If so, please supply details including Insurer's name.)

Please return this form promptly to the Company with all questions on the front and back fully answered.
If any question is not applicable, state "N/A".

Continued

SCHEDULE OF CLAIM

Full Description of Article(s)	Date When Originally Bought or Received	Where Bought, or, if a Present, Name and Address of Giver.	Original Cost	Replacement Cost	Amount Claimed

It is essential that this form be returned promptly to the Insurance Service Centre

Pursuant to the PRIVACY ACT 1993 the following is brought to your attention:

(a) This claim form collects personal information about you;
(b) The information is collected to evaluate your claim;
(c) The intended recipient of the information is the Lumley General Insurance (N.Z.) Limited;
(d) The information is being collected and held by the Lumley General Insurance (N.Z.) Limited, PO Box 2426, Auckland;
(e) The collection of this information is required pursuant to the terms of your insurance policy;
(f) The failure to provide this information may result in your claim being declined;
(g) You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

DECLARATION:
I/We declare that -

- The information given in this form to be correct.
- I/We agree that, should there be any dispute over any payment of this claim, Lumley General Insurance (N.Z.) Limited shall be entitled to submit the dispute to arbitration.
- I/We authorise and request the New Zealand Police to release to Lumley General Insurance (N.Z.) Limited copies of any or all documents held by the New Zealand Police relating to the incident giving rise to this claim. If necessary this authority should be treated as a formal request pursuant to the Official Information Act, 1982.
- I/We authorise the disclosure of personal information held by any other party regarding this claim.
- I/We agree to the Lumley General Insurance (N.Z.) Limited releasing to other parties personal information regarding this claim.
- I/We authorise the Insurer or its authorised agent to give or obtain from other insurers or other parties any information relating to any insurance held or claim made.

Note: Failure to provide full and correct information could result in your claim not being accepted by Lumley General Insurance (N.Z.) Limited.

Date: ..... / ..... / .....

..... Insured's Signature: (if company, state position)

..... Driver's Signature (if applicable)

Please retain damaged goods in case inspection is required. Please attach estimates in support of repairs as appropriate.