claim form

Echelon New Zealand, PO Box 11440, Wellington 6142, Tel 0800 00 41 43, Fax 04 495 8176

Insured details

Name of Insured:

Claim number (if known):

Policy number: | | | | | | | | | | | | | | | **Expiry date:** / /

Postal address:

Phone number: Home: **Work:**

Occupation: **Type of policy:**

Details of damage or loss

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.

Date: / / Day of the week: Time: am/pm

If Theft/Burglary, between what hours: am/pm and am/pm

Where did the loss occur?

Brief description (including cause of loss or damage):

Name and address of person causing damage:

If reported to police, date reported: / / Name of police station: (Attach police acknowledgement form)

Amount claimed (as shown on the 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 affected and was any damage caused gaining entry?

Were the premises occupied at the time of loss?

Has any arrest been made or is anybody suspected of the 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 a 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 both sides fully answered. If any question is not applicable, state "N/A".

Schedule of claim

Full description of articles	Date originally bought/received	Where bought, or, if a present, name and address of giver	Original cost	Replacement cost	Amount claimed
	/ /		$	$	$
	/ /		$	$	$
	/ /		$	$	$
	/ /		$	$	$
	/ /		$	$	$
	/ /		$	$	$
	/ /		$	$	$
	/ /		$	$	$
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	/ /		$	$	$
	/ /		$	$	$
	/ /		$	$	$
	/ /		$	$	$
	/ /		$	$	$
	/ /		$	$	$
	/ /		$	$	$

It is essential that this form be returned promptly to Echelon New Zealand.

Pursuant to the Privacy Act 1993

The following is brought to Your attention:

(a) This claim form collects personal information about You;
(b) The collection of this information is required pursuant to the terms of Your insurance policy;
(c) The information is collected to evaluate Your claim;
(d) The failure to provide this information may result in Your claim being declined;
(e) The intended recipient of the information is Lumley General Insurance (N.Z.) Limited ('Lumley');
(f) Lumley may pass Your personal information on to Insurance Claims Register Limited ('ICR') for inclusion in the Insurance Claims Register, for general claims and underwriting purposes;
(g) You acknowledge that any ICR participant may access this personal information by way of enquiry to the ICR.
(h) You have the right of access to and correction of this information in accordance with the Privacy Act 1993.

Declaration

I/We declare that:

(a) The information given in this from is correct.
(b) I/We agree that, should there be any dispute over payment of this claim, Lumley General Insurance (N.Z.) Limited shall be entitled to submit the dispute to arbitration.
(c) 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.
(d) I/We authorise the disclosure of personal information held by any other party regarding this claim.
(e) I/We agree to Lumley General Insurance (N.Z.) Limited releasing to other parties personal information regarding this claim.
(f) 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.

Insured's signature (if company, state position): Date: / /

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

Please return all forms to Echelon New Zealand.