

Material Damage Claim Form – Non-Earthquake

Use this form for **Material Damage** (Property, Contents, Business Interruption, Consequential Loss) claims. Email the **physically** signed and completed form, quotes, photographs, invoices and receipts to aib@aib.org.nz Alternatively all documentation can be posted to Anglican Insurance Board, PO Box 12287, Wellington.

Policy Number: P000042062PPY

Policy Holder Details	
Member	
Address	
Contact Person	
Phone	
Email	
The loss	
Date of Loss	
Time of Loss, if known	
Nature of Loss (burglary, fire, etc.)	
Address of the premises at which the loss was sustained	
Describe how the loss occurred. Please provide photos.	
Was another person responsible?	
Was another person responsible for the damage to your property? (Circle)	Yes No
If yes, details of the person responsible	
Name	
Address	
Phone	
If burglary	
If burglary, method of entry	
Damage caused by entry Please provide photos	
Have the police been notified?	
Have the police been notified? (Circle)	Yes No
Which Police Station?	
Police Report Number	
Payment of your claim	
<i>Direct credit is our preferred method for claim payments, please contact us if this does not suit</i>	
Name of account	
Account Number	

Declaration, Privacy Act, Insurance Claims Register

I/We declare that to the best of my/our knowledge and belief, these particulars are complete and correct.

I/We:

- a. agree to give any further information that may be required.
- b. understand that AIB and the underwriter require this information, which may be personal, which will be retained by AIB and the underwriter, before they can evaluate the claim.
- c. authorise the disclosure of this personal information regarding this claim to other parties.
- d. authorise the obtaining by AIB and the underwriter, from any other party personal information about me/us that is in their view relevant to this claim.
- e. authorise the obtaining by AIB and the underwriter, from Insurance Claims Register Limited (ICR Ltd), which holds details of claims made by me/us under policies with other insurers, personal information about me/us that is in their view relevant to this claim.
- f. authorise AIB and the underwriter to place details of this claim on the database of ICR Ltd, PO Box 474 Wellington, where it will be retained and available to other insurance companies to inspect.
- g. understand that I am/we are entitled to have certain rights of access and correction of the personal information held by AIB, the underwriter and ICR Ltd.

Note that the claim should be settled within twelve months from date of claim acceptance.

The collection of this information is required under terms of the policy. Failure to provide it may result in the claim being declined.

Physical Signature of Members Representative

Date

/ /

Name and designation

We need a physically signed claim form before we can pay any claims. Please email a scan of the signed form or post the original.

Checklist

	Item	Please tick
1	All boxes on page 1 are completed (if not applicable, write N/A)	
2	The claim form is signed and dated (page 2)	
3	All claimed items are identified on page 3	
4	All damage is thoroughly documented and the cause is identified	
5	All damage is photographed and the photographs are attached	
6	Any police report is also attached	
7	The quote for repair or replacement is attached	
8	For claims in excess of \$5,000 two quotes are required.	
9	Provide full details of your claim to AIB before purchase or repair (<i>AIB may need to appoint an assessor before authorising any payment</i>).	
10	Email the completed form, quotes, photographs and any other relevant documentation to aib@aib.org.nz	

For any questions regarding how to complete this form please do not hesitate to contact aib@aib.org.nz for any other questions please contact Dave Peters on ph 027 733-4191 or dave@aib.org.nz

Please note that **Motor Vehicle, Legal Liability** and **Travel** claims should be made directly to the insurers. Please visit www.aib.org.nz and choose 'Make a Claim' for more information on how to make claims.

Schedule of items claimed

Please include with your completed claim form, quotations for replacement and/or repair, original receipts of proof of ownership and any other supporting documents.

Description of property lost or destroyed	Model number	Original date purchased	Where bought	Original purchase price	Quoted replacement price	Where Quoted from	Additional information