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 <u>aib@aib.org.nz</u> Alternatively all documentation can be posted to Anglican Insurance Board, PO Box 12287, Wellington.

	Policy Holder Details	
Member		
Address		
Contact Person	77. 30.	
Phone		
Email		
	The loss	
Date of Loss		
Time of Loss, if known		
Nature of Loss (burglary, fire, etc.)	Acres Street	
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		
5000	If burglary	
If burglary, method of entry		
Damage caused by entry Please provide photos		
733	Have the police been notified?	
Have the police been notified? (Circle)	No.	Yes No
Which Police Station?		
Police Report Number	700	3/
<u> </u>	Payment of your claim	
	eferred method for claim payments, please contact us if this o	loes not suit
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.

- 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 polices 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.

	sical Signature of Members resentative	Date	/	/			
Nam	ne and designation						
	We need a physically signed claim form before we can pay any claims. Please email a	<mark>scan of the sig</mark>	<mark>ined form or pos</mark>	t 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 <u>before</u> purchase or repair (AIB may need to appoint an assessor before authorising any payment).						
10	Email the completed form, quotes, photographs and any other relevant documentation to aib@aib.org.nz						
	any questions regarding how to complete this form please do not hesitate stions please contact Dave Peters on ph 027 733-4191 or dave@aib.org.nz	e to contact	aib@aib.org.r	nz for any other			

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.

Anglican Insurance Board, PO Box 12287, Wellington, ph 04 473-9369, fax 04 473-9997, aib@aib.org.nz

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
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