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 claims@godfrey.co.nz

		Poli	cy Hold	ler D	eta	ils								
Member														
Address				١										
Contact Person														
Phone														
Email														
			The I	oss										
Date of Loss														
Time of Loss, if known			A	V										
Nature of Loss (burglary, fire, etc.)														
Address of the premises at which the loss was sustained														
Describe how the loss occurred. Please provide photos.	- 11	ľ		١	ĭ	ı								
	Was a	noth	er pers	on r	esp	ons	ible	?						
Was another person responsible for the	he damage to yo	our pro	perty? (Circ	le)					1		,	′es	No)
	If yes	, deta	ils of the p	perso	n res	pons	sible							
Name														
Address	-/-	W.				۲	S							
Phone	1	1					3							
			If burg	glary										
If burglary, method of entry									1					
Damage caused by entry Please provide photos														
2/1/2	Have	the	police	bee	n no	otifie	ed?							
Have the police been notified? (Circle	;)										,	′es	No)
Which Police Station?	7000									•				
Police Report Number	100	1												
		ayr	nent of	you	rcla	aim					1			
Direct credit is our p	referred metl	nod fo	or claim pa	aymer	nts, p	olease	e con	tact ı	ıs if tl	nis do	oes n	ot sui	t	
Name of account			1000									ı	1	
Account Number	-		1		-				1				-	

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 the claims manager requires this information, which may be personal, which will be retained by claims manager, 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 the claims manager, from any other party personal information about me/us that is in their view relevant to this claim.
- e. authorise the obtaining by the claims manager, 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 the claims manager 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 the claims manager 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.

Phys Repr	rsical Signature of Members presentative	/
Nam	ne and designation	
	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 before purchase or repair (an assessor may need to be appointed).	
10	Email the completed form, quotes, photographs and any other relevant documentation to claims@godfrey.co.nz	
For	any questions regarding how to complete this form please do not hesitate to contact aib@aib.org.nz f	or any other

Please note that claims should be made directly to the insurers claims managers. Please visit www.aib.org.nz and choose 'Make a Claim' for more information on how to make claims.

questions please contact Dave Peters on ph 027 733-4191 or dave@aib.org.nz

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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	1400						
	- 3						