

Material Damage Claim Form – Non-Earthquake

Use this form for **Material Damage** (Property, Contents, Business Interruption) claims.

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
<i>If yes, details of the person responsible</i>	
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 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 policies 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.

Physical Signature of Members Representative		Date	/ /
Name 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	Reasonable precautions have been taken to ensure no further damage	
8	Advise the claims managers without delay once the loss is discovered - see AIB website	
9	Obtain quotes for repair or replacement	
10	Provide full details of your claim before purchase or repair (<i>an assessor may need to be appointed</i>).	

For any questions regarding how to complete this form please contact your insurance representative

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

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