

Material Damage Claim Form: Non-Earthquake

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

ANGLICAN
INSURANCE
BOARD

PO Box 12287, Wellington
ph: 04 473 9369



Insured Details

Member	
Claim 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 with this form)	

Was another person responsible for the damage to your property?

Yes

No

If yes, details of the person responsible:

Name	Phone
Address	

If burglary:

Method of entry
Damage caused by entry (Please provide photos with this form)

Have the Police been notified?

Yes

No

Which Police Station?
Police Report 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 (Please tick)

All boxes on page 1 are completed

The claim form is signed and dated (above)

All claimed items are identified on page 3

All damage is thoroughly documented and the cause is identified

All damage is photographed and the photos are included with this form

A Police Report is included with this form (if burglary, theft or vandalism)

Reasonable precautions have been taken to ensure no further damage

If you have obtained quotes for repair or replacement please include them with this form

You have provided full details of your claim **before** purchase or repair
(*an assessor may need to be appointed*)

Return your completed form along with any supporting documents to **both** anglicanclaims@godfrey.co.nz **and** aib@aib.org.nz; as well as your local insurance manager or broker.

For any questions regarding how to complete this form please contact your insurance representative. Please visit aib.org.nz/claims for more information on how to make claims.

