

# Property Claim Form

Claim Number \_\_\_\_\_

The supply or acceptance of this form is not an admission of liability on the part of Allianz.

## 1. Insured

Name of Insured \_\_\_\_\_

Occupation \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone No. Home No. ( ) \_\_\_\_\_ Business No. ( ) \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Broker/Agent Name \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_

Policy No. ( ) \_\_\_\_\_

Excess \$ \_\_\_\_\_

Inception Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you registered for GST?  Yes  No GST No. \_\_\_\_\_

## 2. Interested Parties

Is the property being claimed for under a Financial Agreement?  Yes  No

Name of Financier \_\_\_\_\_

Telephone No. Home No. ( ) \_\_\_\_\_ Business No. ( ) \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Contract No. \_\_\_\_\_

## 3. Incident Description

What happened, how (e.g. if burglary, include how entry was gained and details of forced entry) and the name of any party who caused damage etc?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Loss \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Loss \_\_\_\_\_

Type of Loss \_\_\_\_\_

Address Where Loss Occurred \_\_\_\_\_

Post Code \_\_\_\_\_

Date Premises Last Occupied \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Last Occupier \_\_\_\_\_

## 4. Schedule (if insufficient space, provide separate list)

- All original repair invoices, quotes or receipts must be submitted to avoid any delays in processing
- Show all values in **New Zealand Dollars**

Description of Property Lost/Stolen/Damaged <i>(include names of owners of items if not owned by the insured)</i>	Year Purchased	Where Purchased	Replacement or Repair Cost	Amount Claimed
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			Total Claimed	\$

This Insurance is underwritten by Allianz Australia Insurance Limited ABN 15 000 122 850 (Incorporated in Australia) trading as Allianz New Zealand.  
Registered Office: Level 1, 152 Fanshawe Street, Auckland 1010.

## 5. Police

Have the Police been notified?

(All Burglary/Theft/Malicious Damage claims must be reported)

Yes

No

Police Station \_\_\_\_\_

Reporting Officer \_\_\_\_\_

Police Report No. \_\_\_\_\_

Date Reported \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## 6. Security

Give details of any extra precautions or security improvements taken since the loss

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Give details of any other action taken to recover or reduce your loss

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## 7. Third Parties

Do you know who was responsible for the damage?

Yes

No

Name \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_

Other Details \_\_\_\_\_

(e.g. Registration No.) \_\_\_\_\_

## 8. Witnesses

Were there any witnesses to the Event?

Yes

No

If Yes, please complete the following

Name \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Where was the Witness? \_\_\_\_\_

## 9. Other Insurance

Is there any other Insurance on the property? (consider Travel, Medical Insurances also)

Yes

No

Name of Insurer \_\_\_\_\_

Policy Details \_\_\_\_\_

## 10. History

Have you had any insurance or renewal of insurance declined or cancelled or special conditions imposed?

Yes

No

Have you ever been convicted of or had any fines or penalties imposed for any criminal offence?

Yes

No

Have you suffered a loss or made a claim on a property related insurance policy in the last 5 years?

Yes

No

If Yes to any history questions, please give details

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## 11. Privacy

The Privacy Act 1993 requires us to tell you that as an insurer we collect your personal and sensitive information in order to calculate your loss and entitlements, determine our liability, compile data and handle claims. When handling claims, we may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents or other parties as required by law.

You have the right to seek access to your personal information and to correct it at any time. Please contact us on 0800 500 115 8.30am-5pm, Monday-Friday and advise us of the changes.

## 12. Internal Dispute Resolution Statement

Disputes are not an everyday occurrence at Allianz. However we do provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details.

If you are not satisfied with the outcome of this process, we will advise you how to contact our approved external independent dispute resolution scheme (subject to eligibility).

## 13. Declaration

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld.

I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.

I/We acknowledge that I/we have read and understood the Privacy Act 1993 information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim, with their approval.

I/We acknowledge that if I/we do not agree to the collection of this personal and sensitive information then Allianz will be unable to process my/our claim.

Signature of Insured \_\_\_\_\_

Date                    /                    / \_\_\_\_\_

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