



Home Removals

New Zealand – Claim form

Privacy

We need personal information about you to assess your claim. We will, where relevant, disclose your personal information to your adviser (and any licensee or broker he or she represents), to our service providers (including loss adjusters and investigators), other insurers, insurance reference bureaus and our business partners for this purpose. We may also disclose personal information about you where we are required or permitted to do so by law.

The answers given to questions in this claim form may require further information to be requested and/or further investigations to be made by Zurich or parties appointed by them.

If you do not provide the requested information or consent to its collection and disclosure as described above, the assessment of your claim may be delayed or we may not accept the claim.

Please provide the following information/documentation where possible with your claim form

- Please attach a quotation if damaged items are repairable. If items can not be repaired, please attach written confirmation from an independent source together with a quotation for replacement with similar make/model.
- Copy of your written letter of 'notification' to the carrier advising them of loss/damage to your goods and their response
- Consignment/freight/delivery note showing terms and conditions
- Packing/weight/inventory list
- Overseas removal – please attach original bill of lading/airways bill and original policy/certificate of insurance
- Any other evidence of loss or damage including photographs

1 Insured details

Policy number Claim number

Insured name

Postal address Postcode

Contact name

Contact number/s

Email

2 Claim information

Date of loss/damage / / Date of dispatch / / Date of arrival / /

Goods moved from To

When was loss/damage first discovered? / / Was there any delay? Yes No If 'Yes', please provide details

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Please provide details of the loss/damage incident

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2 Claim information (continued)

Address where damaged goods can be inspected

Were the goods subject to loss/malicious damage/theft Yes No If 'Yes', please provide details

Has the event been reported to the police? Yes No If 'Yes', please advise name and location of police station

Police report number

Name of original carrier

Address

Contact number

Name of carrier who delivered goods (if different from above)

Address

Contact number

Were goods professionally packed Yes No If 'Yes', please provide name and contact details of removalist

Were goods in storage at time of loss/damage Yes No If 'Yes', please advise how long in storage

Were details of loss/damage noted at time of delivery? Yes No

Were details of loss/damage noted on delivery docket? Yes No

Have you notified carrier of loss/damage Yes No If 'No', please notify carrier and attach a copy of your notification

Other insurance cover

Are contents insured for transit with any other insurance company (ie household contents insurance) Yes No

If 'Yes', please advise insurance company name and policy number

Description of items to be claimed (include make and model)	Age	Details of loss/damage	Can the item be repaired	Amount claimed NZ\$
			Yes <input type="radio"/> No <input type="radio"/>	\$
			Yes <input type="radio"/> No <input type="radio"/>	\$
			Yes <input type="radio"/> No <input type="radio"/>	\$
			Yes <input type="radio"/> No <input type="radio"/>	\$
			Yes <input type="radio"/> No <input type="radio"/>	\$
			Yes <input type="radio"/> No <input type="radio"/>	\$
			Yes <input type="radio"/> No <input type="radio"/>	\$
Total amount claimed				NZ\$

3 EFT payment details (please complete this section if you require payment directly into your account)

Account name

Account number

Bank name

BSB Number

Bank address

Postcode

Overseas payment

Swift Code

ABA Code

Sort Code

4 Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information. I understand that Insurers do not admit liability by the issue of this form.

Signature of insured

Date / /