



# Specified Items

## 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. This may include contacting the owner of the goods or livestock to obtain documentation to verify the amount and extent of the claim.

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**

- Quotation for repair/replacement
- Inventory list
- Any other evidence of loss or damage – including photographs

### 1 Insured details

Policy number	Claim number
.....	
Insured name	
.....	
Address	Postcode
.....	
Contact name	
.....	
Contact number/s	
.....	
Email	
.....	

### 2 Claim information

Date of loss/damage      /      /

.....

Please provide details of how loss/damage occurred

.....

.....

.....

.....

Where did the loss/damage occur?

.....

If goods are damaged, please provide address where the damaged goods can be inspected

.....

Please indicate  if there was forced entry to       Vehicle       Premises      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

.....

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**2 Claim information** (continued)

Can damaged goods be repaired? Yes  No  If 'No', is there any salvage value? Yes  No

If 'Yes', please advise approximate value NZ\$

**Other insurance cover**

Was there any other insurance covering this event? Yes  No  If 'Yes', please advise insurance company and policy number

**Other interested parties**

Please provide details including name and address of other interested parties (ie finance company, lessee)

**Carrier**

Were the goods carried by a shipping company, freight forwarder or carrier? Yes  No

If 'Yes', please provide details including name and address

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

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

Has a claim been lodged on the shipping company, freight forwarder or carrier? Yes  No  If 'No', please lodge claim

Description of items to be claimed (include make, model and 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"/>	\$
		Yes <input type="radio"/> No <input type="radio"/>	\$
		Yes <input type="radio"/> No <input type="radio"/>	\$
		Yes <input type="radio"/> No <input type="radio"/>	\$
<b>Total amount claimed</b>			<b>NZ\$</b>

**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 / /