

Zurich Claims Online

Application for Registration

1 Your application

To register, please complete this form and fax or email to nz.claims@zurich.co.nz to your local contact as noted at the bottom of this page. We will confirm your initial password via email to the address you nominate below.

2 Please provide your details ('you')

Company name

.....

Business address

.....

Suburb

.....

Postcode

.....

Email

.....

Telephone

.....

You wish to obtain access to – please tick ✓

Zurich Claims Online – inquiry system

3 Nominating those who will have access ('Nominated persons')

You request access for the following people to Zurich Claims Online and confirm the details supplied and accept the Terms and Conditions attached.

Name for access	Email address

Signature	Date
	/ /

Name	Position

Brokers – Please note: If you wish to have your client obtain access to these reports they will need to complete and sign a copy of this form for access to be granted.

Customers – If we receive a request for access direct from a customer we will advise your broker.

4 Zurich Claims Online contacts

Auckland

Zurich House: Level 16, 21 Queen Street
Auckland Central 1010

Phone: 0508 ZURICH (0508 987 424)