

If you need any help with this form, please contact our Frank Risk Management office on (07) 903 5000.

## Warning

If you supply any untrue or false information and know that it is not true the insurer shall have the right to refuse the claim. We recommend that you read the Claims section of your policy. Please answer all the questions on this form. If a question does not apply to your claim, please answer "N/A". You must not incur any expense (unless it is to minimise the loss), or admit fault, without your insurer's permission.

## Part A: The Insured

Name of insured: .....

Postal address: .....

Best contact phone no: .....

Insurer: ..... Policy no: .....

## Part B: The Accident

1. Where did the accident happen? (please give the full address or details of the location): .....

.....  
.....

2. When did it happen? (please give date and time): .....

3. When did you first know about it? .....

4. How did the accident happen? (please give full details): .....

.....  
.....

5. Were there any witnesses? Yes  No

If you answered 'YES', please give details (include name, address, contact phone etc.): .....

.....  
.....

6. Who do you think is responsible for the accident and why? (please give full details): .....

.....  
.....  
.....

7. Did the accident happen in New Zealand? Yes  No

If 'NO', where did it happen? .....

.....  
.....

8. Do you have a parent company, subsidiary branch or agent there? Yes  No

If 'YES', please give details: .....

.....  
.....

## Part C: Property Damage

1. Details of property damaged: .....  
.....  
.....
2. Was the property under your care, custody or control? Yes  No
3. Had you previously agreed to be responsible for any such damage? Yes  No
4. Who owns the damaged property? .....  
.....
5. Was the damaged property insured? Yes  No  Don't Know   
If 'YES', give the name of the insurance company: .....
6. Have you done anything to reduce or make good the loss or damage? Yes  No   
If you answered 'YES', please give details: .....  
.....

## Part D: The Claimant

1. Has any claim been made against you in connection with this accident? Yes  No   
If 'YES', please answer questions 2-4 below:
2. Name of claimant: ..... Contact phone no: .....  
Address: .....
3. Please tick any of these which apply to the claimant:  
 Related to you       Employed by you       A member of your household       Your agent  
 Your employer       Your neighbour       Your landlord
4. Have you received any written notice or correspondence about the claim? Yes  No   
If 'YES', please give details or attach a copy: .....  
.....  
.....

## Part F: Declaration and signature

*(Please read and sign) – I declare that:*

- 1 MATERIAL FACTS (a) All information provided in connection with this claim (whether oral or written) is true and correct;  
(b) No information relevant to the claim is omitted.
  - 2 USE OF INFORMATION (a) My personal information collected in connection with this claim may be disclosed to:  
(i) other members of the insurance industry and Insurance Claims Register Ltd;  
(ii) parties repairing or replacing the subject matter of the claim;  
(iii) parties who have a financial interest in the subject matter of the policy;  
(b) My personal information held by any other parties in connection with this claim may be disclosed to the insurer.
- PLEASE NOTE
- The insurer will gather information about you (including your claims history) to consider your claim. The terms of your insurance policy require you to supply this information, and if you refuse to provide it, your claim may be declined.
  - This information is held by the insurer and you may access it. It may be passed onto other insurers you deal with, repairers and mortgagees etc.
  - Your claims history is passed onto, and held by, Insurance Claims Register Ltd. This enables other insurers you deal with to access it, and prevents fraudulent claims.

Signed on behalf of all insureds:

Signature: ..... Name: .....

Date: .....