

Claim Form

- The issue of this form is not to be taken as an admission of liability.
- The form should be completed and returned to the Chartis immediately.
- Please answer all questions as fully as possible.
- Attach any documents to explain more fully and form part of the statement of answers.

Policy No Expiry date / /

Full Name of Insured as a Legal Entity

Trade name (if applicable)

Business Postal Address

Contact Person: Name Position

Phone [] Email/Fax

Settlement Details

Payee name

Option 1: Direct credit to NZ bank account. Please complete bank details and account number below

Option 2 Overseas Bank Transfer

Bank Branch Country

Account details

Chartis no longer issues cheques. To confirm transfer of funds, an auto email will be sent to your broker or direct

Email: Broker Payee

Payee Signature

Property Loss

What was the nature and circumstances of the loss?

| |
|--|
| |
| |
| |
| |
| |

What was the property lost or damaged? (Attach list of items if insufficient space)

| |
|--|
| |
| |
| |
| |

What is your estimated value of loss?

NZ\$

Where was the Location of loss or damage?

| |
|--|
| |
|--|

When did the loss or damage occur?

| | | | | | | | |
|--|---|--|---|--|----|--|---------|
| | / | | / | | at | | am / pm |
|--|---|--|---|--|----|--|---------|

When was the loss or damage discovered

| | | | | | | | |
|--|---|--|---|--|----|--|---------|
| | / | | / | | at | | am / pm |
|--|---|--|---|--|----|--|---------|

Who discovered the loss?

Name

| |
|--|
| |
|--|

Relationship? Eg Passer-by/Coy manager

| |
|--|
| |
|--|

Theft:

When was it reported to Police?

| | | | | |
|--|---|--|---|--|
| | / | | / | |
|--|---|--|---|--|

Station

| |
|--|
| |
|--|

Located

| |
|--|
| |
|--|

Please provide a copy of the police case number or report

Business Interruption Loss

What is the nature of your Interruption? Please give details and estimated \$ amount of loss for each item to be claimed

Additional Costs

| | | |
|--|----|--|
| | \$ | |
|--|----|--|

Loss of Income/ Rents

| | | |
|--|----|--|
| | \$ | |
|--|----|--|

Other Specify

| | | |
|--|----|--|
| | \$ | |
|--|----|--|

Please attach a separate sheet if insufficient space

Other Insurance:

Was there any other insurance covering the property at the time of the loss?

YES / NO

If yes, name & address of insurer & policy particulars

| |
|--|
| |
| |
| |

Previous Claims

Has there ever been any previous loss to property?

Theft? Loss? Damage?

Specify amount of loss to Your Company

Was a Claim made on any Insurer Amount paid by the Insurer

Insurer's name/ location

Privacy Consent And Disclosure Declaration

I/we (print name/s in full)

with full authority of the insured declare on behalf of the insured that the answers above and contained in any other information referred to, are true and I/we acknowledge that Chartis Insurance New Zealand Limited ('Chartis') may rely on such answers in determining indemnity. I/we have not concealed any material fact relating to this circumstance.

I/we undertake to render Chartis every assistance in my/our power in dealing with the matter. I /we understand and acknowledge that failure to co-operate with Chartis and to provide all information relevant or potentially relevant to the circumstance for the efficient conduct of their assessment of indemnity or management of any claim or potential claim which may arise from the circumstance, may result in my/our claim being denied.

Signature:

Position Title: Date:

Broker Name and Address:

I/we

consent to Chartis in accordance with the Privacy Act 1993:

1. collecting holding and using any personal information submitted with this form for purpose of administering a claim including investigating, assessing and paying any claim made by me/us or on my/our behalf;
2. Disclosing personal information submitted to another Chartis company, its staff members, the insured, other insurers and re-insurers, law enforcement agencies, investigators, lawyers, assessors, advisors and the agent of any of these, insurance broker, insurance agent or intermediary, employer for the purpose of administering my claim or providing a report.
3. Where I/we have provided information about another individual, I/we have ensured that individual's has consented to the above.

Information is provided voluntarily, however if we do not collect this information we may not be able to assess the claim.

Insured persons have rights of access and correction to their personal information under the Privacy Act 1993 Further information about this or making a privacy complaint can be obtained by emailing privacy.officerNZ@chartisinsurance.com

Signature: Date:

Important

Chartis treats all matters about our insureds as confidential and will only disclose such information externally if necessary to administer, investigate or manage a claim, unless otherwise required by law. In accordance with The Privacy Act 1993 however we are required to obtain consent for the collection and disclosure of personal information.

Chartis
PO Box 1745, Shortland Street
Auckland 1140
New Zealand
+64 9 355 3100 Telephone
+64 9 355 3135 Facsimile
www.chartisinsurance.co.nz