

General Claim Form

<input type="checkbox"/>	Personal	<input type="checkbox"/>	Commercial
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This form collects personal information about you so that the insurer can evaluate your claim. Failure to provide this information may result in your claim being declined. The collection of this information is required as part of the terms of your insurance policy. It will be held by, PSC Connect NZ Ltd and the insurer who received your claim. You have the rights of access to and correction of this information subject to the provisions of the Privacy Act 2020. Visit www.pscconnect.co.nz to view our full Privacy Policy.

Insured or Company Details			
Insured Name or Company			
Contact Person			
Phone Number(s)			
Email			
Street Address			
Town / City		Postcode	

Questions			
Policy Number			
Bank Account for Direct Credit Payment			
Financial Interest (in the items)			
Is there other insurance on the items	<input type="checkbox"/>	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
Are you the sole owner of the property	<input type="checkbox"/>	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>

If you have made an insurance claim in the last five (5) years please provide details			
Year	Insurer	Claim detail	Amount

Details of Loss					
Date of Incident		Time			
Address of Incident					
Town / City				Postcode	
What happened and how did the loss occur					
Who is responsible					
Why					
If not you, please provide contact details					
Was the Incident reported to the Police	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Police File Number				Date	
If the Incident was a burglary, how did the thieves gain entry					

Property Being Claimed For				
Description of Item	Date Purchased	Price Paid	Replacement Cost	Amount Claimed

Declaration must be signed by the Policy Holder

Note: Failure to provide full and truthful information could result in the Claim being declined.

I/We declare that to the best of my knowledge the details provided in this claim form are true.

I/We agree to PSC Connect NZ Limited and the Insurance Company (and/or their agent) with whom I am insured may disclose my/our personal information regarding this claim to:

- a. Other parties including other members of the Insurance Industry and the data base of the Insurance Claims Register (ICR Ltd) PO Box 474, Wellington where it will be retained and made available to other insurance companies to inspect.
- b. Parties who have a financial interest in the subject matter of the policy and parties repairing or replacing the subject matter of the claim.
- c. I/We understand that I am/we are entitled to have certain rights of access to and correction of the personal information held by PSC Connect NZ Limited and the Insurer and ICR Ltd.
- d. I/We understand that my/our personal information may be provided to overseas third party service providers and/or Insurers who may use this information either on our behalf or otherwise to process and evaluate the claim.

I/We agree to PSC Connect NZ Limited and the Insurer obtaining personal information about me/us that is, in their view, relevant to this claim.

From any other party including other members of the Insurance Industry and from Insurance Claims Register Ltd (ICR) which holds details of claims made by me/us under policies with other insurers.

All information and answers (whether written or oral) given to PSC Connect NZ Limited and the Insurance Company in connection with this claim are correct and that no information relevant to the claim has been omitted. I/We authorise PSC Connect NZ Limited and the Insurance Company to act on my/our behalf.

Name		Signature	
Position		Date	

If the claim is for a burglary, theft or disappearance, the following Statutory Declaration must be completed

I hereby declare that the answers given above are in every respect correct and I make this solemn declaration conscientiously believing the same to be true and by virtue of Oaths and Declarations Act 1957

Signature			
This		day of	year
Before me			

Justice of the Peace or Solicitor or other person authorised to take a Statutory Declaration