Ansvar Insurance
Claim Form

ansvar insurance

It is essential that this form be returned directly to Ansvar Insurance, with all questions answered, at the earliest opportunity.
Please print your answers and ✓ where appropriate.

Office use only Claim number

1. Policyholder details

Name/Business name | Policy number

Address | Postcode

Telephone: Home | Telephone: Work | Telephone: Mobile | Email

2. Date of loss

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3. Nature of loss (burglary, fire, etc)

4. Address of the premises at which the loss was sustained

Postcode

5. Describe how the loss occurred

6. Was another person responsible for the damage to your property?

Yes No *If yes, name and address of person responsible* Name

Address | Postcode | Telephone

7. If burglary, method of entry

8. Damaged caused by entry

9. Have the police been notified?

Yes No Which police station? Police report number

10. Electronic Funds Transfer

Settlement of your claim may involve a cash settlement. Please complete the following if you are interested in an EFT Payment

Account name | Bank | Branch number | Account number | Suffix

9. Declaration/Privacy Act 1993/Insurance Claims Register

I/We declare that to the best of my/our knowledge and belief, these particulars are complete and correct.
I/We:

a. agree to give any further information that may be required
b. understand you require this personal information, which will be retained by you at 396 Queen Street, Auckland, before you can evaluate my/our claim
c. authorise the disclosure of this personal information regarding this claim to other parties
d. authorise the obtaining by you, from any other party personal information about me/us that is in your view relevant to this claim
e. authorise the obtaining by you, from Insurance Claims Register Limited (ICR Ltd), which holds details of claims made by me/us under polices with other insurers, personal information about me/us that is in your view relevant to this claim
f. authorise you to place details of this claim on the database of ICR Ltd, PO Box 474 Wellington, where it will be retained and available to other insurance companies to inspect
g. understand that I am/we are entitled to have certain rights of access and correction of the personal information held by you and ICR Ltd

The collection of this information is required under terms of your policy. Failure to provide it may result in your claim being declined.

Signature of the Policyholder(s) | Date

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If the policy is in joint names, both signatures are required

AD PO Box 7042, Wellesley St, Auckland 1141 FX 09 373 8859

Please include with your completed claim form, quotations for replacement and/or repair, original receipts of proof of ownership and any other supporting documents.

Description of property lost or destroyed	Model number	Original date purchased	Where bought	Original purchase price	Quoted replacement price	Where quoted	Additional information

NZCLM/COMMER 0607