

General Commercial Claim Form

Gregan & Company Limited Insurance Broking Practice P O Box 272-1533 Papakura 2244

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Pursuant to the Privacy Act 1993 the following is brought to your attention:

- This claim form collects personal information about you;
- The information is collected to evaluate your claim;
- The intended recipient of the information is: The Insurer named below c) (hereinafter called %The Company+) and is being held by them at their office
 The collection of this information is required pursuant to the terms of your insurance policy;
- d)
- The failure to provide this information may result in your claim being declined;

f) You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.
A. POLICY HOLDER DETAILS
Name of Insured or Name of Company $\~$ $\~$ $\~$ $\~$ $\~$ $\~$ $\~$ $\~$ $\~$ $\~$
Postal Address: Õ Õ Õ Õ Õ Õ Õ Õ Õ Õ Õ Õ Õ Õ Õ Õ Õ Õ
Contact Telephone No. (0) $\~{0}$ $\~{$
B. DETAILS OF DAMAGE OR LOSS
Date of Loss Õõõõõõõõõõõõõõõõõõõõõõõõõõõõõõõõõõõõ
Where did the loss occur? ÕÕÕÕÕÕÕÕÕÕÕÕÕÕÕÕÕÕÕÕÕÕÕÕÕÕÕÕÕÕÕÕÕÕÕÕ
How did the loss or damage happen? õõõõõõõõõõõõõõõõõõõõõõõõõõõõõõõõõõõõ
$ \begin{picture}(20,0) \put(0,0) \put(0,$
$\tilde{0} \ \tilde{0} \ $
If the loss was caused by anyone other than the insured please give name and address details $\~0$ $\~0$ $\~0$ $\~0$ $\~0$ $\~0$ $\~0$ $\~0$
$\tilde{o} \tilde{o} \tilde{o} \tilde{o} \tilde{o} \tilde{o} \tilde{o} \tilde{o} $
C. FOR THEFT /BURGLARY
YOU MUST IMMEDIATELY INFORM THE POLICE IF PROPERTY HAS BEEN LOST OR IF YOU SUSPECT BURGLARY, THEFT,
A DECON MALICIOUS DAMAGE OF ANY OTHER CHIMINAL ACT THAT HAS CAUSED THE DAMAGE OF LOSS
ARSON, MALICIOUS DAMAGE OR ANY OTHER CRIMINAL ACT THAT HAS CAUSED THE DAMAGE OR LOSS
ARSON, MALICIOUS DAMAGE OR ANY OTHER CRIMINAL ACT THAT HAS CAUSED THE DAMAGE OR LOSS Is a Police Complaint Acknowledgement form attached? Yes No If no please complete the following details:
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E. DETAILS OF PROPERTY LOST OR DAMAGED

- In the case of loss, please attach proof of ownership and/or purchase receipts.
- Please attach a written quotation for replacement of the item(s).

 If at all possible, keep damaged items available so that we can inspect them if needed. 					OFFICE USE			
Full Description of Article(s)	From Whom Obtain and Address)	ed (Name	Date When Originally Bought or Received	Current Replacement Price	Repair Cost	Depreciation for Age, Use or Wear and Tear		
If there is not enough room to list everything you are claiming for, please attach an additional list. Is an additional list attached? Yes No					AMOUNT			
					EXCESS			
						CLAIM TOTAL \$		
F. GLASS BREAKAGE								
If you are the tenant of commercial premises please provide proof that you are liable under the terms of your lease by sending a copy of your lease with this claim form.								
Description of Glass		Height		Width		Item Fixed		
(Plain, Plate etc)					-	(Window, door etc)		
G. PUBLIC LIABILITY – Liability must not be admitted for any loss								
Name and address of prop	erty damaged õ õ õ	õõõõõõõ	$\tilde{0}$ $\tilde{0}$ $\tilde{0}$ $\tilde{0}$ $\tilde{0}$ $\tilde{0}$ $\tilde{0}$ $\tilde{0}$	$\tilde{0} \ \tilde{0} \ \tilde{0} \ \tilde{0} \ \tilde{0} \ \tilde{0} \ \tilde{0} \ \tilde{0}$	õõõõõõõõ	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	õ õ õ õ	
Phone No ő ő ő ő ő ő ő	$\tilde{0}$ $\tilde{0}$ $\tilde{0}$ $\tilde{0}$ $\tilde{0}$ $\tilde{0}$ $\tilde{0}$ $\tilde{0}$	ő ő . Insu	rance Co õ õ õ	õõõõõõõõõ	õ õ õ õ ö. ö	.õ õ õ õ õ õ õ .	(if known)	
Was the owner known to yo	ou? õ õ õ õ õ õ õ õ	õ õ õ õ ĉ	In what capa	acity? õ õ õ õ õ	õ. õ õ õ õ õ	õ. õ õ õ õ õ õ	õ õ õ õ	
Has a claim been made ag	ainst you?	Yes	No					
If %es+please advise detai	ls õ õ õ õ õ õ õ õ õ	õõõõõõ	$\tilde{0}\ \tilde{0}\ \tilde{0}\ \tilde{0}\ \tilde{0}\ \tilde{0}\ \tilde{0}\ \tilde{0}$	$\tilde{0}\ \tilde{0}\ \tilde{0}\ \tilde{0}\ \tilde{0}\ \tilde{0}\ \tilde{0}\ \tilde{0}\ \tilde{0}\ .$	0 0 0 0 0 0	$\tilde{0}$ $\tilde{0}$ $\tilde{0}$ $\tilde{0}$ $\tilde{0}$ $\tilde{0}$ $\tilde{0}$ $\tilde{0}$	õ õ õ õ	
Name(s) and address(s) of witnesses of the incident:								
Name		õõõõõõ	$\tilde{0}$ $\tilde{0}$ $\tilde{0}$ $\tilde{0}$ $\tilde{0}$ $\tilde{0}$	ĭõ Phone õ	õ õ õ õ õ õ õ	. 0 0 0 0 0 0 0	õõõõ.õ	
Name						0.0000000	õõõõ.	
DECLARATION . Note: Failure to provide full and truthful information could result in the claim being declined.								
1. I/We agree to The Comp		•	•	•	01 : 5			
Wellington, where it b) Parties who have a	ng other members of the will be retained and mad financial interest in the s at I am/We are entitled to	de available to ubject matter	o other insurance of of the policy and p	companies to insper parties repairing or i	ct. eplacing the sub	eject matter of the c	laim.	
of claims made by m	y including other membe ne/us under policies with	rs of the Insu other insurer	rance Industry and	d from Insurance Cl	aims Register Lt	d (ICR Ltd) which he		
All the information and answer to the claim has been omitted.				nection with this cla	im are correct ar	nd that no informatio	n relevant	
Signed on behalf of all Insured	ls							
(If a company please state cap	pacity) õõõõõõõõ	õ õ õ õ õ õ		0 0 0 0 0 0 0 0	õ			

Authority to make payments by Direct Credit

If there are any payments to be made to you in settlement of this claim we can arrange for these to by made by direct credit, instead of having to wait for a cheque to be processed and then sent out and then cleared.

If you would like this to happen please either attach a copy of a deposit slip with this claim form or note the bank account

details below.	
Bank Account Number	
Name of Account Holder	-
Name of Bank and Branch	_