

Declaration Form

DISCLOSURE

CLAIMS AND INSURANCE HISTORY

In the last 5 years have you or any other person or entity to be covered by the insurance such as your spouse, de facto partner, children or family members who live at the situation of risk, owners, trustees and/or beneficial owners to be covered by the insurance, and in the case of motor vehicles, anyone else named as a driver, or anyone else who will regularly drive the vehicle had any losses or damage, whether a claim was made or not?

Please confirm

Yes
 No

Please detail all insurance claims made in the last five years together with any uninsured losses, by clicking the 'Add claim or loss' button below.

CLAIMS OR LOSSES

CLAIM OR LOSS #1

Date

Insurer

Amount paid

Excess

Details of loss

Have you or any other person or any other person or entity to be covered by the insurance such as your spouse, de facto partner, children or family members who live at the situation of risk, owners, trustees and/or beneficial owners to be covered by the insurance ever had a claim or insurance;

- declined,
- cancelled,
- declared void,
- been refused renewal,
- had any special conditions imposed including excesses.

Please confirm

Yes
 No

Please provide details

DECLARATION

Have you or any other person or any other person or entity to be covered by the insurance such as your spouse, de facto partner, children or family members who live at the situation of risk, owners, trustees and/or beneficial owners to be covered by the insurance;

- ever been imprisoned or received a custodial sentence for any criminal offence,
- had any conviction for any criminal offence in the past 7 years,
- have any criminal charges pending

Please confirm

Yes
 No

Please provide criminal convictions or imprisonment details

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Have you or any other person or any other person or entity to be covered by the insurance such as your spouse, de facto partner, children or family members who live at the situation of risk, owners, trustees and/or beneficial owners to be covered by the insurance ever;

- engaged in any criminal activity,
- had any acquittals

Please confirm

Yes
 No

Please provide criminal activity, criminal prosecutions pending, acquittals details

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You declare that subject to any rights you have under the Criminal Records (Clean Slate) Act 2004, the information given is in every respect correct and complete and all material information has been disclosed to us.

I have read and understood the declaration statement

Yes
 No

AUTHORISATION AND PRIVACY STATEMENT

By signing and submitting this form, and in order to proceed with this insurance cover, you are agreeing to the following authorisation and declaration statements:

1. You give authorisation to give to and obtain from other Insurance Companies, Insurance Brokers, the Insurance Claims Register Ltd or any other party any information relating to this or any other insurance held or previously held by you, and any claim(s) made by you, and any information you have provided now or previously for the purpose of payment.
2. Your personal information has been collected in order to evaluate your insurance requirements for the purpose of deciding whether to issue insurance cover and, if so, on what terms. Failure to provide any personal information requested may result in your application for insurance being declined.
3. Your personal information has also been collected in order to monitor and service your ongoing general insurance requirements, conduct market research, data processing and statistical analysis. Unless you advise that you disagree, the information you supply may also be used by other insurers and financially interested parties.

4. In accordance with the Privacy Act 2020, individuals have a right to request access to and correction of their personal information (a fee may be payable).

I have read and understood the authorisation statements

- Yes
 No

SIGNED BY

Signature

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Name

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Date

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CONTACT DETAILS

Gregan & Company Limited FSP760551, trading as Gregan & Co is the Financial Advice Provider.

Call: 0800 299 3100

Email: insure@gregan.co.nz

Write to: PO Box 11704, Ellerslie, Auckland 1542

AVAILABILITY OF INFORMATION

This information can be provided in hardcopy at your request.

This Declaration form was prepared on: 10 June 2022