

Claims Form

IMPORTANT NOTICE

Please read the following before proceeding to complete this Claim Form

Pursuant to the Privacy Act 2020 (NZ) ('Privacy Act') the following is brought to your attention:

- a. This claim form collects personal information about you;
- b. The information is collected to evaluate your claim;
- c. The intended recipient of the information is: The Insurers named and is being held by them or by their agent, DUAL New Zealand;
- d. The collection of this information is required pursuant to the terms of your insurance policy;
- e. 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 Privacy Act.

Privacy Collection Statement

We are committed to protecting your privacy and complying with the Privacy Act.

We use your information to assess the risk of providing you with insurance, provide quotations, issue policies and assess and manage claims, on behalf of the insurers we represent. If you do not provide us with full information, we may not be able to provide insurance or assess and manage a claim. If you provide us with information about someone else, you must obtain their consent to do so.

We may provide your personal information to the insurer we represent, insurance regulators and other insurance bodies such as the Insurance Council of New Zealand. We may also provide your information to your broker and any third party claims service providers (such as claims management companies, parties repairing or replacing the subject matter, loss adjusters and appointed law firms (and the like)). If a recipient is not regulated by laws which protect your information in a way that is similar to the Privacy Act, we will take reasonable steps to ensure that they protect your information in the same way we do or seek your consent before disclosing your information to them. We do not trade, rent or sell your information.

Our Privacy Policy contains more information about how to access and correct the information we hold about you and how to make a privacy related complaint, including how we will deal with it. By providing us with your personal information, you consent to its collection and use as outlined above and in our Privacy Policy. Ask us for a copy of our Privacy Policy via email at privacy@dualnewzealand.co.nz or access it via our website using the following [link](#).

Due Date:

Excess:

Premium paid?

Yes

No

Section 1 - Insured Details

1. Insured Name:
2. Address:
3. Telephone:
4. Email:
5. Policy Number (if known):

Section 2 - Circumstances of Loss

(Please complete in all cases)

1. Date: _____ Time: _____
2. Where did loss occur?
Please explain what happened:
4. Is there any other party with any insurance relating to this loss? Yes No
If YES, please provide details:
5. If loss was caused by another person, please provide name and address:

6. Have you, within the past 5 years, made a claim against any insurance company? Yes No

If YES, please give details:

Section 3 - Reporting of Loss

1. Are you the sole owner of the property concerned? Yes No

If NO, supply details of other interest and party concerned:

2. If burglary, loss, or theft claim? Yes No

a. Date Reported:

b. Which Police station:

c. Acknowledgement form attached? Yes No

If burglary, please state means of entry to premises:

Section 4 - Property Schedule

Note: In the case of loss, please attach proof of ownership/purchase receipts and quotes for replacement cost to save delays.

Description of property lost or damaged (state each article/item separately)	Date purchased and price	Cost of replacement	Depreciation for age and condition	Value of salvage (if any)	Amount claimed
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Section 5 - Glass Breakage

If you are the tenant of a commercial premises, please provide proof that you are liable under the terms of your lease.

Please provide relevant documents in support.

Description (Plain, Plate Etc)	Height	Width	Fixture Location (window, door etc)
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Section 6 - Public Liability

1. Name of owner of property damaged:
2. Address:

3. Phone Number:

4. Insurer:

5. Was the owner known to you?

Yes

No

If YES, please give details:

6. Has a claim been made on you?

Yes

No

If YES, please give details:

7. Please include names, addresses and phone numbers of witnesses of accident:

a.

b.

c.

d.

Declaration

1. I/We agree to the Company or their agents DUAL New Zealand disclosing 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) P.O. 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 the Company, their agent DUAL or the Insurance Claims Register.
2. I/We agree to the Company acting through their agents DUAL New Zealand obtaining personal information about me/us that is, in the Company's or DUAL New Zealand's view, relevant to this claim including any other party such as members of the Insurance Industry and the Insurance Claims Register (ICR) which holds details of claims made by me us under policies with other insurers.
3. I/We declare that the answers provided in this form are true and correct to the best of my/our knowledge.

Full Name:

If Company, state capacity:

Signature:

Date:

Fair Insurance Code

Lloyd's is a member of the Insurance Council of New Zealand and its New Zealand Coverholders (including DUAL New Zealand) adhere to the Fair Insurance Code, which provides you with assurance that we have high standards of service to our customers. To access a copy of the Code, please click [here](#).



Helping you do more

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