

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 above (herein-after called 'the Company') and is being held by them or by their agent, DUAL;
- 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 []

Insured Details

1. Name of Insured: _____
2. Address: _____
3. Telephone: _____
4. Email: _____

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 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: _____

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, to which Police Station was it reported? Yes [] No []
- a. Date Reported: / /
- b. Acknowledgement form attached? Yes [] No []

If burglary, please state means of entry to premises: _____

Section 3 | 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 & Price	Cost of replacement	Depreciation for Age & Condition	Value of Salvage (if any)	Amount Claimed

Section 4 | Glass Breakage

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

Description (Plain, Plate Etc)	Height	Width	Fixture Location (window, door etc)

Section 5

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 & phone numbers of witnesses of accident:

a. _____

b. _____

c. _____

d. _____

Section 6

Declaration

1. I/We agree to the Company or their agents DUAL 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 IUA obtaining personal information about me/us that is, in the Company's or IUA's view, relevant to this claim.
- a. From any other party including other members of the Insurance Industry and from Insurance Claims Register Ltd (ICR Ltd) Which holds details of claims made by me/us under policies with other insurers.

Full Name: _____

If Company, state capacity: _____

Signature: _____

Date: / /

**IF CLAIM IS FOR BURGLARY, THEFT OR LOSS THE FOLLOWING STATUTORY DECLARATION MUST BE COMPLETED
NON-DISCLOSURE MAY AFFECT AN INSURED'S RIGHT OF RECOVERY UNDER THE POLICY**

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 Declaration Act 1957.

Full Name: _____

Signature: _____

Date: / /

Before Me: _____

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

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](#).

