General claim form

target insurance
A ROTHBURY GROUP COMPANY

Client number if known

1 POLICY HOLDER DETAILS

Full name of insured (Mr/Mrs/Miss/Ms)

Address

Home telephone

Business telephone

Mobile telephone

Email address

2 POLICY DETAILS

Policy Type – please ✓

- ☐ Public Liability
- ☐ Statutory Liability
- ☐ Material Damage
- ☐ Other
- ☐ Professional Indemnity
- ☐ Directors & Officers
- ☐ Consequential Loss

Policy number

Limit of Indemnity $

Excess $

3 THE ACCIDENT, LOSS OR CIRCUMSTANCE

Where did the accident occur –provide the address details of location.

If not in New Zealand, please advise the country and full details of the location.

Do you have a parent company, subsidiary brand or agent at the overseas location of the accident?

☐ Y ☐ N

If Yes, please provide full details.

When did the accident occur? Please provide the date and time.

Please provide full details of the accident, loss or circumstance.

When did you first become aware of the accident?

Were there any witnesses? ☐ Y ☐ N

If Yes, please provide their full name, address and contact details.

In your opinion, who is responsible for the accident and why? Please provide details.

If responsible party is another person or entity besides yourself, are they insured?

☐ Y ☐ N ☐ Don't know

4 MATERIAL DAMAGE

Details of the property damaged:

Was the property under your care, custody or control?

☐ Y ☐ N

Have you or any of your employees and/or contractors, subcontractors admitted responsibility in any way?

☐ Y ☐ N

If Yes, please provide details:

Who owns the damaged property?

Section 4 continues over...

4 MATERIAL DAMAGE (CONTINUED)

Is there other insurance that may apply to the damage caused?

☐ Y ☐ N ☐ Don't know

If Yes, please provide details of: the party holding the insurance, type of policy and insurer

Have you done anything to reduce the damage or loss?

☐ Y ☐ N

If Yes, please provide details:

If burglary, loss, or theft – which police station was it reported to?

Date reported:

Means of entry:

Property schedule:

5 THE CLAIMANT

Has any claim been made against you in connection with this accident?

☐ Y ☐ N

If Yes, please provide details:

Estimated or Actual cost of Damage (if known):

$

Have you received any written notice or correspondence about the claim? If Yes, please provide a copy.

☐ Y ☐ N

Name, address and phone number of the Claimant:

Is the Claimant related to you in any way?

☐ Y ☐ N

If Yes, please provide details:

What is the nature of the allegations that have been made against you?

Was the work undertaken subject to a written or oral contract?

Please provide either a copy of the contract or details of the terms of the contract.

Have you, within the past 5 years made a claim against any insurance company?

☐ Y ○ N ☐

6 DIRECT CREDIT AUTHORITY

If you would like any payment due to be paid direct to a bank account, please provide account details:

Name of Account

BANK BRANCH ACCOUNT NUMBER SUFFIX

7 DECLARATION

I/We

1. Declare that to the best of my/our knowledge the information provided in support of the claim is correct and complete in all ways and there is no further information relevant to the claim.

Please Note: The collection of this information is required under the terms of your policy in order for the claim to be evaluated. Failure to provide complete and correct information may result in the claim being declined.

2. Agree to provide any further information that may be required;
3. Authorise the disclosure and obtaining, of my/our personal information in respect of this claim, to and from parties including Insurers, intermediaries and other members of the Insurance Industry, the insurance Claims Register PO Box 474, Wellington, where information is retained and made available to other insurers and other parties relevant to your claim including those with a financial or commercial interest in, and/or involved in the repairing or replacing of, the subject matter of the claim.
4. Understand I/we have certain rights of access to and correction of my/our personal information pursuant to the Privacy Act 1993; and
5. All information collected will be held by Target Insurance, 188 Quay Street, Auckland and/or the Insurer.

Signature of Policyholder/Insured | Full name | Position | Date

SIGN HERE

FOR OFFICE USE ONLY

PERSONAL ○	COMMERCIAL ○	LOSS TYPE	INSURANCE COMPANY

CLIENT NO IF KNOWN	TARGET INSURANCE CLAIM REFERENCE NO	POLICY NO	EXCESS	DUE DATE