Burglary claim form

Burglary, theft or malicious loss claim

TOWER

Claim / Customer reference: _____

1.0 Policyholder details

1.1 PERSONAL DETAILS

Title ○ Mr ○ Mrs ○ Ms ○ Miss ○ Dr
○ Other:

Surname

First name(s)

Date of birth | d | d | m | m | y | y | y | y |

1.2 ADDRESS DETAILS

Street / Box number

Street name

Suburb

Town / City

Postcode

1.3 CONTACT DETAILS Please tick preferred contact method

Home phone ( ) ○

Work phone ( ) ○

Mobile ( ) ○

Email ○

1.4 POSTAL ADDRESS DETAILS (If different from above)

Street / Box number

Street name

Suburb

Town / City

Postcode

2.0 Event details

2.1 WHAT HAPPENED?

Date of loss | d | d | m | m | y | y | y | y |

Between the hours of | h | h | m | m | ○ a.m. ○ p.m.

and | h | h | m | m | ○ a.m. ○ p.m.

Date loss discovered | d | d | m | m | y | y | y | y |

Time discovered | h | h | m | m | ○ a.m. ○ p.m.

Who discovered the loss?

Surname

First name(s)

Contact phone number

Email

Street / Box number

Street name

Suburb

Town / City

Postcode

Details of how loss occured (If insufficient space please attach sheet)

Location of loss (If different to policy address)

How was the house broken into?

Was there any damage to your house caused by the entry   ○ Yes   ○ No

If "Yes", please give details

Was anybody home when the loss happened?   ○ Yes   ○ No

If "No", when was the house last occupied?

Date | d | d | m | m | y | y | y | y |

Were there any other people other than you, your spouse, or your children, living with you at the time of the loss?   ○ Yes   ○ No

If "Yes", please give details

Note: Please read this carefully

Did the Police attend? ○ Yes ○ No

If "No", have the Police been notified of the loss? ○ Yes ○ No

If "Yes", please attach the Police acknowledgement form and complete the details below:

Date reported | d | d | m | m | y | y | y | y |

Which police station?

Police file number

Was a list of missing items given to the Police? (Please note we may request a copy of this from the Police) ○ Yes ○ No

Have the Police recovered any property ○ Yes ○ No

If "Yes", please give details

Note: If you have not reported the incident to the Police, you must do so in order for us to process your claim.

Have any of the stolen items been advertised for sale prior to the burglary? ○ Yes ○ No

3.0 Security details

Are there any of these security devices at the place where the loss occurred?

○ Keyed window locks on all accessible windows

○ Deadlocks on all perimeter doors

○ Alarm professionally installed

Type of alarm

If alarmed, was the alarm set? ○ Yes ○ No

Did it go off at the time of loss? ○ Yes ○ No

Please indicate what steps you have taken (if any) to prevent similar losses in the future?

○ Lighting

○ Alarm

○ Deadlocks

○ Window stays

Please indicate any other steps you have taken:

Do you have possession of all the keys to your house? ○ Yes ○ No

If "No" who has them?

Surname

First name(s)

Contact phone number

Street / Box number

Street name

Suburb

Town / City

IMPORTANT: Please attach receipts, valuations, invoices or other documents to support ownership, value, purchase or repair.
If you do not provide full and correct information, this could result in your claim not being accepted.

Claim / Customer reference:

Full description of property (include make and model, etc)	Age			Place of purchase (If gifted provide contact details of person who gifted item)	Was this item new when purchased?	Original purchase price	Current purchase price or repair cost	If you have a quote, please attach	Proof of purchase or ownership attached
1.	m	m	y	y		○ Yes ○ No	$	$	○ Yes ○ No	○ Yes ○ No
2.	m	m	y	y		○ Yes ○ No	$	$	○ Yes ○ No	○ Yes ○ No
3.	m	m	y	y		○ Yes ○ No	$	$	○ Yes ○ No	○ Yes ○ No
4.	m	m	y	y		○ Yes ○ No	$	$	○ Yes ○ No	○ Yes ○ No
5.	m	m	y	y		○ Yes ○ No	$	$	○ Yes ○ No	○ Yes ○ No
6.	m	m	y	y		○ Yes ○ No	$	$	○ Yes ○ No	○ Yes ○ No
7.	m	m	y	y		○ Yes ○ No	$	$	○ Yes ○ No	○ Yes ○ No
8.	m	m	y	y		○ Yes ○ No	$	$	○ Yes ○ No	○ Yes ○ No
9.	m	m	y	y		○ Yes ○ No	$	$	○ Yes ○ No	○ Yes ○ No
10.	m	m	y	y		○ Yes ○ No	$	$	○ Yes ○ No	○ Yes ○ No
11.	m	m	y	y		○ Yes ○ No	$	$	○ Yes ○ No	○ Yes ○ No
12.	m	m	y	y		○ Yes ○ No	$	$	○ Yes ○ No	○ Yes ○ No
13.	m	m	y	y		○ Yes ○ No	$	$	○ Yes ○ No	○ Yes ○ No
14.	m	m	y	y		○ Yes ○ No	$	$	○ Yes ○ No	○ Yes ○ No
15.	m	m	y	y		○ Yes ○ No	$	$	○ Yes ○ No	○ Yes ○ No

Continue on a separate sheet if necessary.

Are you the sole owner of the property being claimed for? ○ Yes ○ No

If "No", please give details of owner

Name _____

Address _____

Applies to item numbers _____

Is any of the lost or damaged property subject to any finance or hire purchase agreement? ○ Yes ○ No

If "Yes", please identify which item number from above and give details (included name, address and contact number of any finance companies etc)

_____

_____

_____

5.0 Previous claims details

Have you, or any person insured under this policy, made any insurance claims over the last five years or ever had an insurance claim declined? ○ Yes ○ No

If "Yes", please give full details (If insufficient space please attach sheet)

_____

_____

_____

In the last ten years, have you been convicted of or committed any criminal offence (other than traffic or parking offences), have prosecutions or convictions pending, or been bankrupt or undergone No Asset Procedure?* ○ Yes ○ No

If "Yes", please give full details (If insufficient space please attach sheet)

_____

_____

_____

Have you ever had insurance declined, cancelled, refused, or any special terms imposed? ○ Yes ○ No

If "Yes", please give full details (If insufficient space please attach sheet)

_____

_____

_____

_____

6.0 Declaration (please read this carefully before signing)

I / we understand that wilful or reckless exaggeration or inflation of the amount claimed will forfeit the claim and may result in prosecution.

Privacy Act and use of information:

The personal information provided in this claim form is being collected by TOWER Insurance Limited (TOWER) to enable TOWER to evaluate my / our claim. This information may be disclosed to other persons, including other members of the TOWER group of companies, for the purposes of managing this claim and the insurance policy and for other insurance related purposes.

I / we have certain rights to access and request correction of the personal information provided to TOWER on this claim form or in support of this claim, but if I / we do provide incorrect or incomplete information, TOWER may be entitled to decline the claim whether or not it is later corrected.

I / we authorise TOWER to obtain information about me / us and this claim from any other party.

I / we authorise the New Zealand Police to release to TOWER copies of any or all documents held by the New Zealand Police relating to the incident giving rise to this claim and authorise TOWER to provide information about this claim and the insured to the New Zealand Police to assist with the police investigation. I / we consent to TOWER making a formal request pursuant to the Official Information Act, 1982 if necessary.

If any of the property in this claim for which I / we have received payment from TOWER is subsequently recovered I / we will notify TOWER immediately and at TOWER's option, either return the property to TOWER or refund to TOWER the amount paid by TOWER for the recovered items.

I / we declare the information given in this form to be correct and complete.

Signature

Before signing please ensure that you have answered all the questions and have read and understood the "declaration" above.
I/We declare that: All the statements in this claim form and any additional schedules are correct.

Full name	Date	Signature
Insured's name	d d m m y y y y	
Insured's name	d d m m y y y y	

Sign here

Thank you

Please send this form to: TOWER, PO Box 90347, Auckland 1142
Thank you for completing your claim. You will be contacted shortly regarding the status of your claim.
If you have any questions or need to update any information regarding your claim then please contact us on 0800 379 372.
This information is held by TOWER at 22 Fanshawe Street, Auckland.

CLMFMB 02-14