Claim / Customer Ref:

Office

This form must be returned directly to us immediately with all questions answered.

Important: Please read before completing this form.

Many of the fraudulent claims we receive are made as domestic claims.

This usually has the result of increasing premiums and raising excesses. Rather than penalising you – our honest and loyal clients whose support we value – we'd prefer to ask your help in filling out this form. Particularly we would point out that where items within a claim are proven to be inflated, the total claim will be declined. We will be carefully monitoring all claim information with the aim of paying genuine claims quickly, stopping expensive fraudulent claims and keeping your premiums down. Thank you for your co-operation.

1.0 Insured's details

CONTACT DETAILS	INTERESTED PARTY(S) (BANK, FINANCE COMPANY ETC)
Title OMr OMrs OMs OMiss ODr Other:	Name
Surname	Postal Address
First name(s)	Post Code
Date of birth d d m m y y y y	Name
Phone ()	
Mobile ()	Postal Address
Email	Post Code
ADDRESS DETAILS (PHYSICAL)	ADDRESS DETAILS (MAILING - IF DIFFERENT)
Street number	Street / Box number
Street name	Street name
Suburb	Suburb
Town / City	Town / City
Postcode	Postcode

2.0 What happened?

Please complete questions 1-10 in every case

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Day / date of loss or damage	d	d	m	m	У	У]	/	У					
Time of loss or damage	h	h	m	m	0	a.m	n. () p.	m.					
Day / date of discovery	d	d	m	m	У	У)	/	У					
Time of discovery	h	h	m	m	0	a.m	n. () p.	m.					
Place where loss or damage of	DCCL	irrec												
Fully describe what happened											9.	of lost, stolen	or dar	
												If YES, give details	s of:	
												Name of Insur	ance	Con
												Address		
												Please give de	etails (amou
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Address											Di	d the Police atte	and the	e sc
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damaged property?							50		NO		N.	B. Please attach the	Police Co	ompla
with an ownership interest	otne	r part	У								If '	'Yes", give full detail		rtise
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Phone														
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respect of the property being claimed on? If YES, give full details Have you made any other claims in respect of lost, stolen or damaged property? If YES, give details of: Name of Insurance Company Address Please give details (amounts and dates) Please give details (amounts and dates) 0 In the last five years have you - had any insurance cancelled or refused? - been charged with or convicted of any criminal offence (other than parking)? If YES, give full details

8. Do you hold insurance with another

company and/or are you making an additional claim through any source in

○Yes ○No

Did the Police attend	the sc	ene?					С) Yes	⊖ No
If "No", have the Police bee If "Yes", which Police Statio			eporte	d to?			С) Yes	⊖ No
On which date?	d d	m	m	у	у	у	у		
Have the Police reco	vered a	any pr	opert	y?			С) Yes	⊖ No
N.B. Please attach the Polic	e Compl	aint Fo	rm in a	ll cas	ses of	theft	or los	s	
Has the loss been ac If "Yes", give full details Paper	dvertise	ed in a	iny ne	ws	pape	ers?	С) Yes	⊖ No
Date	d d	l m	m	у	у	у	у		
Other action taken to) recov	er pro	perty						

4.0 Property loss inventory

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:

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		Place of purchase	Was this item			Proof of purchase or	FOR OFFICE USE ONLY	SE ONLY
Full description of property (include make and model, etc)	Age	(If gifted provide contact details of person who gifted item)	new when Original purchase purchased?	hase price or repair cost	Quote attached	ownership attached	REPLV OR PDV	SUPPL OR AMT
÷.	ہ د ع	λ	⊖ Yes ⊖ No \$	<u>မ</u>	O Yes O No	O Yes O No		
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10.	ہ د ع	y	⊖ Yes ⊖ No \$	<u>မ</u>	O Yes O No	O Yes O No		
11.	ہے ع	λ	⊖ Yes ⊖ No \$	6	O Yes O No	O Yes O No		
12.	ہ د ع	λ	⊖ Yes ⊖ No \$	မ မ မ	O Yes O No	O Yes O No		
13.	ہ ۔ ع	λ	⊖ Yes ⊖ No \$		O Yes O No	O Yes O No		
14.	ہے ع	λ	⊖ Yes ⊖ No \$	6	O Yes O No	O Yes O No		
15.	ہے ع	λ	⊖ Yes ⊖ No \$	6	O Yes O No	O Yes O No		
16.	ک س	y	O Yes ONo \$	<u>ب</u>	O Yes O No	O Yes O No		
17.	ر س س	V	O Yes O No \$	\$	O Yes O No	O Yes O No		

Continue on a separate sheet if necessary.

oNO Are you the sole owner of the property being claimed for? $\,\odot\,{\rm Yes}$

oNO

⊖ Yes (

Is any of the lost or damaged property subject to any finance or hire purchase agreement? If "Yes", please give details (included name, address and contact number of any finance companies etc)

If "No", please give details of owner

Name

Address

Applies to item numbers

Warning: Wilful or reckless exaggeration or inflation of the amount claimed will forfeit the claim and may result in prosecution.

Where any declaration is answered NO then further details will need to be provided below in the box headed "Exceptions to this Declaration".

I/We declare that:

All the statements in this claim form and any additional schedules are correct. \bigcirc Yes \bigcirc No

The property is correctly described in this form and was lost, stolen or damaged under the circumstances described overleaf. \bigcirc Yes \bigcirc No

I/We have told TOWER Insurance everything relevant to this claim. \bigcirc Yes $~\bigcirc$ No

I/We understand that:

5.1

Wilful or reckless exaggeration or inflation of the amount claimed will forfeit the claim and may result in prosecution.

The personal information provided in this claim form is being collected by TOWER to enable it to evaluate my/our claim.

I/We have certain rights of access to and correction of the personal information provided by me/us on this claim form or in support of this claim, but if I/we do provide incorrect information, TOWER may be entitled to decline the claim whether

or not it is later corrected.

If any of the property in this claim for which I/we have received payment is subsequently recovered I/we will notify TOWER immediately and return the property to TOWER or will refund to TOWER the value of the recovered items.

I/We authorise TOWER to obtain personal information about me/ us from any other party.

I/We authorise TOWER to obtain if required a copy of the police report from the Police relating to this claim.

EXCEPTIONS TO THIS DECLARATION

 Signature

 Before signing please ensure that you have answered all the questions and have read and understood the "declaration" above.

 Full name
 Date
 Signature

 Insured's name
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 Witness name
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<u>Thank</u> 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.

Sign here

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