

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

Title  Mr  Mrs  Ms  Miss  Dr  
 Other:

Surname

First name(s)

Date of birth  d  d  m  m  y  y  y  y

Phone ( )

Mobile ( )

Email

#### ADDRESS DETAILS (PHYSICAL)

Street number

Street name

Suburb

Town / City

Postcode

#### INTERESTED PARTY(S) (BANK, FINANCE COMPANY ETC)

Name

Postal Address

Post Code

Name

Postal Address

Post Code

#### ADDRESS DETAILS (MAILING - IF DIFFERENT)

Street / Box number

Street name

Suburb

Town / City

Postcode

## 2.0 What happened?

Please complete questions 1-10 in every case

1. Are you the Owner/Occupier?  Yes  No

2. Day / date of loss or damage 

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Time of loss or damage 

h	h	m	m
---	---	---	---

 a.m.  p.m.

3. Day / date of discovery 

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Time of discovery 

h	h	m	m
---	---	---	---

 a.m.  p.m.

4. Place where loss or damage occurred

5. Fully describe what happened

6. If the person who caused the loss or damage was not yourself or a member of your family, please state:

Full Name

Address

Phone

Witness' Full Name

Address

Phone

7. Are you the sole owner of the lost or damaged property?  Yes  No

If NO, give the name and address of the other party with an ownership interest

Full Name

Address

Phone

8. Do you hold insurance with another company and/or are you making an additional claim through any source in respect of the property being claimed on? If YES, give full details  Yes  No

9. Have you made any other claims in respect of lost, stolen or damaged property? If YES, give details of:  Yes  No

Name of Insurance Company

Address

Please give details (amounts and dates)

10. In the last five years have you  
- had any insurance cancelled or refused?  Yes  No  
- been charged with or convicted of any criminal offence (other than parking)?  Yes  No  
If YES, give full details

## 3.0 Police details

Did the Police attend the scene?  Yes  No

If "No", have the Police been notified?  Yes  No

If "Yes", which Police Station was the loss reported to?

On which date? 

d	d	m	m	y	y	y	y
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Have the Police recovered any property?  Yes  No

N.B. Please attach the Police Complaint Form in all cases of theft or loss

Has the loss been advertised in any newspapers?  Yes  No  
If "Yes", give full details

Paper

Date 

d	d	m	m	y	y	y	y
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Other action taken to recover property

## 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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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	Quote attached	Proof of purchase or ownership attached	FOR OFFICE USE ONLY	
	m	y			REPLY ON PDV	SUPL OR AMT					
1.	m	y		<input type="radio"/> Yes <input type="radio"/> No	\$		\$	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
2.	m	y		<input type="radio"/> Yes <input type="radio"/> No	\$		\$	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
3.	m	y		<input type="radio"/> Yes <input type="radio"/> No	\$		\$	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
4.	m	y		<input type="radio"/> Yes <input type="radio"/> No	\$		\$	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
5.	m	y		<input type="radio"/> Yes <input type="radio"/> No	\$		\$	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
6.	m	y		<input type="radio"/> Yes <input type="radio"/> No	\$		\$	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
7.	m	y		<input type="radio"/> Yes <input type="radio"/> No	\$		\$	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
8.	m	y		<input type="radio"/> Yes <input type="radio"/> No	\$		\$	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
9.	m	y		<input type="radio"/> Yes <input type="radio"/> No	\$		\$	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
10.	m	y		<input type="radio"/> Yes <input type="radio"/> No	\$		\$	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
11.	m	y		<input type="radio"/> Yes <input type="radio"/> No	\$		\$	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
12.	m	y		<input type="radio"/> Yes <input type="radio"/> No	\$		\$	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
13.	m	y		<input type="radio"/> Yes <input type="radio"/> No	\$		\$	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
14.	m	y		<input type="radio"/> Yes <input type="radio"/> No	\$		\$	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
15.	m	y		<input type="radio"/> Yes <input type="radio"/> No	\$		\$	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
16.	m	y		<input type="radio"/> Yes <input type="radio"/> No	\$		\$	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		
17.	m	y		<input type="radio"/> Yes <input type="radio"/> No	\$		\$	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		

Continue on a separate sheet if necessary.

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

Is any of the lost or damaged property subject to any finance or hire purchase agreement?

Yes  No

If "No", please give details of owner

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

Name

Address

Applies to item numbers

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

## 5.0 Declaration (please read this carefully before signing)

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.

Yes  No

The property is correctly described in this form and was lost, stolen or damaged under the circumstances described overleaf.

Yes  No

I/We have told TOWER Insurance everything relevant to this claim.

Yes  No

I/We understand that:

Willful 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.

## 5.1 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

d	d	m	m	y	y	y	y	
---	---	---	---	---	---	---	---	--

Witness name

d	d	m	m	y	y	y	y	
---	---	---	---	---	---	---	---	--

Insured's name

d	d	m	m	y	y	y	y	
---	---	---	---	---	---	---	---	--

Witness Signature

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.