

Claim/customer reference

Regional office/
Service centre

The Privacy Act 1993 requires us to inform you about certain rights and obligations relating to the information which we collect on this form. They are in the declaration at the end of the form. We recommend that you read the declaration before continuing.

This form must be returned directly to us immediately with all questions answered to TOWER, PO Box 90347, Victoria Street West, Auckland 1142.

Important – Please read before completing this form

Many of the fraudulent claims we receive are made as travel 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

1.1 Personal details

Title Mr Mrs Ms Miss Dr Other:

Surname

First name(s)

Date of birth

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Contact details

Home phone ()

Work phone ()

Mobile ()

Fax ()

Email

Address

Street no./Name

Suburb

Town/City

Postcode

6.0 Declaration – please read this carefully before signing

| | |
|---|--|
| In the last five years have you: | |
| 1) had any insurance declined and/or cancelled? | <input type="radio"/> Yes <input type="radio"/> No |
| 2) been charged with or convicted of any criminal offence (other than parking)? | <input type="radio"/> Yes <input type="radio"/> No |
| If yes, give full details please | |

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

I/We declare that:

- All the statements in this claim form and any additional schedules are correct Yes No
- The property and/or expenses claimed are correctly described in this form and were incurred, 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:

- 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 Insurance 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 Insurance 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 Insurance immediately and return the property to TOWER Insurance or will refund to TOWER Insurance the value of the recovered items

I/We authorise TOWER Insurance to obtain personal information about me/us from any other party including the insurance claims register administered by the Insurance Council of New Zealand and to release information relating to this claim to other parties including the Insurance Council of New Zealand for the purpose of inclusion in the Insurance Claims Register.

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

Further details to this declaration

| To be signed by all named insureds | | |
|------------------------------------|------|-----------|
| Insured's full name | Date | Signature |
| | | |
| | | |
| | | |

Sign here