

Property Claim Form

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Pursuant to the Privacy Act 1993 the following is brought to your attention.
(a) This claim form collects personal information about you;
(b) The information is collected to evaluate your claim;
(c) The intended recipient of the information is: The Insurer named below (Hereinafter called "the Company") and BrokerWeb Risk Services Ltd (Hereinafter called BWRS) and is being held by them at their offices

(d) The collection of this information is required pursuant to the terms of your insurance policy;
(e) The failure to provide this information may result in your claim being declined;
(f) You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

Policy Number:

Insurance Company:

1. POLICYHOLDER DETAILS

Full name: (Company name if applicable)

Address:

Contact telephone numbers: (Home)

(Business)

Email:

Bank account details for direct credit payment:

2. CIRCUMSTANCES OF LOSS

Date: _____ **Day:** _____ **Time:** _____ AM PM

Where did the loss occur?

Please explain what happened:

If loss caused by another person, please give name and address:

3. DETAILS OF PROPERTY LOSS OR DAMAGE

Are you the sole owner of the property concerned? YES NO (If No please provide details)

If burglary, loss or theft claim, to which Police Station was it reported?

Date Reported:

Police acknowledgement form attached: YES NO (If No, please provide incident reference)

If burglary, state means of entry to premises:

4. PROPERTY SCHEDULE

Please attach proof of ownership (i.e. purchase receipts and quotes for replacement)

Description of property lost or damaged (List each item separately)	Date purchased & price	Present cost of replacement	Amount claimed

DECLARATION: Note failure to provide full and truthful information could result in the claim being declined.

1. I/We agree to BWRS/The Company disclosing my/our personal information regarding this claim to:

(a) Other parties including other members of the Insurance Industry and the data base of the Insurance Claims Register (ICR Ltd) PO Box 474, Wellington, where it will be retained and made available to other insurance companies to inspect.

(b) Parties who have a financial interest in the subject matter of the policy and parties repairing or replacing the subject matter of the claim.

(c) I/We understand that I am/we are entitled to have certain rights of access to and correction of the personal information held by BWRS/The Company & ICR Ltd

2. I/We agree to BWRS/The Company obtaining personal information about me/us that is, in BWRS's view, relevant to this claim.

(a) From any other party including other members of the Insurance Industry and from ICR Ltd which holds details of claims made by me/us under policies with other insurers. All the information and answers (whether written or oral) given to BWRS/The Company in connection with this claim are correct and that no information relevant to the claim has been omitted. I/We authorize BWRS/The Company to act on my/our behalf.

Policyholder's Signature:

Date:

Company: (please state capacity)