# General Claim Form



Underwriter:

Policy reference:

## Collection Statement under the Privacy Act 2020

We advise that all information collected in this claim form, including any personal information, is collected, stored and utilised In accordance with the Privacy Act 2020 (and any subsequent amendments). Howden Commercial and Affinity Limited (Company Number 258262), and it's related companies (Howden), draw your attention to the following:

- We may collect personal information or sensitive information about you.
- We are collecting the information principally for the purpose of approaching the (re)insurance market, placing
  insurance, assessing and advising you on your insurance needs, claims handling or risk management (depending
  on your requirements). Other purposes include providing you with information about our other services or
  products.
- The information we collect may be disclosed to third parties including but not limited to (re)insurers, insurance intermediaries, service providers (such as loss adjustors), finance providers, advisers, and agents. Those entities will hold and use the data in accordance with their own privacy policies which may include disclosure to third parties located offshore. Please read our Privacy Policy on Howden's website www.howdengroup.com/nz-en/privacy-policy. If you would like further information or contact our Privacy Officer on the contact details below:

Post: Howden Commercial and Affinity Limited Vero Centre, Level 17 48 Shortland Street Auckland CBD

Email: privacy.pacific@howdengroup.com

- By providing this information, you agree to us collecting, using and disclosing your personal or sensitive information as outlined in this Collection Statement.
- If you do not provide all or part of the information requested, we may be unable to process your application, administer your claim or provide other required services.
- You have the right to request access to, and correct, any personal information that we hold about you, subject to the provisions of the Privacy Act 2020.
- To assist us in maintaining correct records we ask you to inform us of any changes in your personal information provided as they occur.
- If you provide us with personal information about other individuals, you must ensure that those persons have been made aware of the above matters. Where the information collected relates to health, criminal record or other sensitive information as defined in the Privacy Act 2020, you must obtain it with the individual's prior consent.

Our Privacy Policy can be made available on request or can be accessed on Howden's website www.howdengroup.com/nz-en/privacy-policy.

#### Details of insured

Full insured name/s:				
Contact person (if a company):				
Contact phone number:	Home:		Business:	Mobile:
Bank account details for direct credits (if applicable):		A/C name:		A/C no:

Details of damag	ge or loss			
Date:	Day of the week:	Time:	am/pm	
Where did the loss occur	r?			
Description (including ca	use of loss or damage):			
Name and address of pe	rson causing damage:			
For theft/burglar	W			
You must immediately	•	ct burglary, theft, arson, maliciou	s damage or any other	
If theft/burglary, between	-	and		
If reported to Police – da	ite reported:	Police file number:		
When was the loss disco	overed and by whom?			
How was entry to the pre	emises gained?			
Were the premises occu	pied at the time of loss?			
Has any arrest been mad theft or any other crime?	de or is anybody suspected of			
Has a list of stolen items	been given to the police?	Yes (attach a copy)		No
Has any of the property	been recovered?	Yes (provide details)		No

Other parti	culars						
Are you the sole of property damaged	owner of d or stolen?		Yes	No (If no	o please nar	me any other inter	ested party)
Name:							
Address:							
Details of other in	surances coverin	g the property clain	ned for				
If the premises ar repairing any dam	e not owned by yonage? (Please att	ou, does the lease ach a copy of that l	make you respo ease)	onsible for		Yes	No
Have you had a lo past 5 years (rega please supply det	ardless of amount	claim against any Ir ), or ever had a los ırer's name).	nsurance Comp es exceeding \$5	any in the ,000? (if so,		Yes	No
Full Description of Article(s)	Date when originally purchased	Where bought, if a present, na	new or second me and addres	l-hand, or s of giver	Original Cost	Replacement/ Repair Cost	Amount Claimed
Can any items be re	epaired?					Yes	No
Which items?							
Who is your preferr	ed repairer?						

### Declaration

#### I/We declare that:

- I/we have read and understood Howden's Collection Statement and consent to my information or the information
  provided to be collected, used, stored, managed or transferred and shared in the way described in the Collection
  Statement.
- I/we am/are authorised to provide the information in this form.
- all information contained in this form and on any attachments is complete and correct;
- I/We authorise and request the New Zealand Police to release to the Insurer and/or Howden, as applicable, copies of any and all documents held by the New Zealand Police relating to the incident giving rise to this claim. If necessary this authority should be treated as a formal request pursuant to the Official Information Act, 1982.
- I/We authorise the disclosure of personal information held by any party regarding this claim.
- I/We agree to Howden and the Insurer releasing the information provided to other parties personal information regarding this claim, for the purpose of administering and managing this claim.
- I/We authorise the Insurer and/or Howden and/or an authorised agent to give or obtain from other insurers or other
  parties any information relating to any insurance held or claim made by me/us.
- I/We authorise the insurer and/or Howden to check against the Insurance Claims register and to place information on the Insurance Claims Register, which other insurers can access.

Note:	Failure to provide full and correct information could result in your claim not being accepted by the Insurer.
Signat	ture:

Date:

Please retain damaged goods in case inspection is required. Please attach estimates in support of repairs as appropriate.