

Policyholder details

Personal details

First name(s)	
Last name	

Contact details

Home phone		Work phone	
Facsimile		Mobile	
Email			

Business postal address

Street address or Box number			
Suburb			
Town or city		Post code	

Claim type

Commercial loss
 Damage to property
 Business interruption

Policy number									
Expiry date	d	d	m	m	y	y	y	y	

Full legal entity name

Trading name (if applicable)

Who should we contact to discuss the claim?

Contact name

Position

Phone		Facsimile	
Email			

Important notes

This form must be completed by a partner, director or principal of the insured. Copies of all relevant documentation must be attached.

Please answer all questions as fully as possible and return to us immediately. The issue of this form by TOWER Insurance is not an admission of liability.

Payment details

Payee name

Direct credit to account

Bank		Branch	
Account number		Suffix	

Property loss

What was the nature and circumstances of the loss?

What property was lost or damaged? (Attach a list of items if insufficient space).

What is the estimated value of your loss?

NZ\$

Where was the location of loss or damage?

Date and time of loss or damage

Date	d	d	m	m	y	y	y	y
Time	h	h	m	m	<input type="radio"/> a.m.	<input type="radio"/> p.m.		

Date and time loss or damage was discovered

Date	d	d	m	m	y	y	y	y
Time	h	h	m	m	<input type="radio"/> a.m.	<input type="radio"/> p.m.		

Who discovered the loss?

Name

What is their relationship to you? e.g. passer-by/company manager

Theft

When was the loss reported to the police?

Date	d	d	m	m	y	y	y	y
Time	h	h	m	m	<input type="radio"/> a.m. <input type="radio"/> p.m.			

Please provide a copy of the police case number or report.

Business interruption loss

How has your business been interrupted?

Please give details and estimated \$ amount of loss for each item to be claimed. (Attach a separate sheet if insufficient space).

Additional costs	NZ\$	Loss of income/rents	NZ\$
Other specify	NZ\$	Other specify	NZ\$

Other insurance

Was there any other insurance covering the property at the time of the loss? Yes No

If yes, supply details below.

Name of insurer

Address of insurer

Policy particulars

Previous claims

Has any of the following previously occurred to the property?

Theft Loss Damage

Specify amount of loss to your company

Amount paid by the insurer

Insurer's name

When were the claim(s) made?

Date	d	d	m	m	y	y	y	y
Date	d	d	m	m	y	y	y	y
Date	d	d	m	m	y	y	y	y

Disclosure declaration

I/We (print name/s in full)

with full authority of the Insured declare that the answers above and contained in any other information referred to are true. I/we acknowledge that TOWER Insurance may rely on such answers in determining indemnity. I/we have not concealed any material fact relating to this circumstance.

I/we undertake to assist TOWER Insurance in dealing with the matter. I/we understand and acknowledge that failure to cooperate with TOWER Insurance may result in my/our claim being denied. I will provide all relevant (or potentially relevant) information to help TOWER Insurance manage and assess my claim.

Privacy consent

Important

TOWER Insurance treats all matters disclosed and discussed about our customer as confidential and will only disclose such information externally if necessary to administer, investigate or manage a claim, unless otherwise required by law. In compliance with the Privacy Act 1993 we need to obtain consent to collect and disclose personal information.

I/We (print name/s in full)

give TOWER Insurance my/our consent, in accordance with the Privacy Act 1993, to:

- Collect, hold and use any personal information submitted with this form for the purposes of administering a claim including investigating, assessing and paying any claim made by me/us or on my/our behalf;
- Disclose personal information submitted to the insured, other insurers and re-insurers, insurance reference bureaus, law enforcement agencies, investigators, lawyers, assessors, repairers, specialist investigators or advisors and the agent of any of these, insurance broker, insurance agent or intermediary for the purpose of administering my/our claim or providing a report.

Where I/we have provided information about another individual, I/we have ensured that individual has consented to the above.

Information is provided voluntarily, however if we do not collect this information we may not be able to process a claim. Insured persons have rights of access and correction to their personal information under the Privacy Act 1993.

Signature

Signature	<input type="text"/>							
Date	d	d	m	m	y	y	y	y

Providing more information

Please attach a separate sheet if more space is required for any part of the claim form.

Thank you

Please send this form to: TOWER Insurance, PO Box 90347, Auckland 1142.

Your claim manager will contact you as soon as possible. If you have any questions or have additional information to add to your claim, call us on 0800 808 808 or email claims@tower.co.nz

OFFICE USE ONLY

Client number								
Agency number								