Property and Personal Effects

Claim form

Mitsui Sumitomo Insurance Company, Limited
NZBN 9429039809810
NZFS Licence No.283534

Important notice

You must answer all questions honestly and fully. The issue of this claim form is not an admission of liability by Mitsui Smitomo Insurance Group.

How to complete this form

- To help us process your claim quickly, you must answer all questions fully. If there is insufficient space, please use additional pages. If a question is not relevant to your situation, please write 'N/A'.
- If you are completing this form by hand, please ensure you write clearly.
- If you are completing this form electronically, please open it using the latest version of Adobe Reader. Use your mouse/trackpad to take the cursor to the next editable field. Boxes can be ticked either by using your mouse/trackpad or by hitting 'enter'. Upon completion, please print out this form and sign the declaration.
- The signed form should then be posted, or emailed, to your broker.

Broker	Company		Individual	

A. Insured's details

1.	Insured's name			
2.	Policy number		**3.** Expiry date *(dd/mm/yyyy)*	
4.	Address			
5.	Phone Work		Mobile	
6.	Email address			
7.	Bank details (to be used for claims settlements)			
	(a) Payee name			
	(b) For payments into New Zealand accounts, please provide bank, branch and account numbers:			
	.			
	(c) For payment into overseas accounts, please provide the following:			
	Bank		Branch	Country
	Swift/sort code		Account number	

B. Circumstances of loss/damage

1.	Address/location where loss or damage occurred					
2.	Date of loss/damage		Time		am ☐	pm ☐
3.	Date first became aware of loss/damage		Time		am ☐	pm ☐
4.	Please describe the incident giving rise to the loss or damage in as much detail as possible.					

B. Circumstances of loss/damage

5. Glass breakage

(a) If you are the tenant of commercial premises, please provide proof that you are liable under the terms of your lease and tick to indicate enclosure. Enclosed ☐

(b) Please provide the following details of glass damage:

Description (plain, plate, mirrored etc.)	Height	Width	Position (door, window etc.)

6. Do you regard any person other than yourself responsible for the loss or damage? Yes ☐ No ☐

If *'Yes'*, please provide details of that person and state why you think they are responsible.

7. Did you own all of the damaged property? Yes ☐ No ☐

If *'No'*, please provide the owner's name, address and contact details.

8. Does anybody else have an interest in the property (eg joint ownership, mortgage, hire purchase)? Yes ☐ No ☐

If *'Yes'*, please provide details.

Additional information for burglary and theft claims only

Important: The Police must be notified of all burglary/theft claims and a Police Complaint Acknowledgement form obtained.

9. Please describe the method of entry

10. Have the Police been notified about this loss/damage? Yes ☐ No ☐

Date		Police Station	
File number		Please attach the Police Complaint Acknowledgement form and tick to indicate enclosure	Enclosed ☐

C. Items being claimed

1. Please provide details of the items being claimed against.

In the case of property lost or stolen, please attach receipts, valuations, guarantees or other documents to support your ownership. This will help to ensure a speedy settlemetn of this/your claim.

Description of property lost/damaged/destroyed (include make/model/serial number where applicable)	Date purchased or acquired	From whom purchased	Price paid	Current cost of replacement
			NZD	NZD
			NZD	NZD
			NZD	NZD
			NZD	NZD
			NZD	NZD

C. Items being claimed

Total	NZD
Less Excess	NZD
Total amount claimed	NZD

If you require more space, please continue on a separate sheet of paper.

D. Other insurance

1. Do you have any other insurances under which a claim could be made? Yes ☐ No ☐

If *'Yes'*, please provide the name of the insurer, your policy number and the type of policy.

Insurer			
Policy number		Type of policy	

2. Have you ever submitted a similar claim to any insurer other than MSIG? Yes ☐ No ☐

If *'Yes'*, please provide the name of the insurer and the date and value of the claims.

Insurer	Date *(dd/mm/yyyy)*	Amount
		NZD
		NZD
		NZD
		NZD
		NZD

Declaration

Has this declaration been read to the insured? Yes ☐ No ☐ (A claim form may still be required)

(a) The information and answers given above are correct to the best of my/our knowledge and belief. I/We have not withheld any information likely to affect MSIG's consideration of the claim.

(b) If any personal information is provided, I/We understand that:

(i) This information will be collected, held, used and disclosed by MSIG (either in New Zealand or overseas) in order to issue, administer and manage products and provide services, including claims investigation and administration, and for data analytics. Further details are set out in MSIG's privacy policy available at https://www.msi-oceania.com/privacy

(ii) If I/We do not provide the information requested, then MSIG may be unable to provide products or services.

(iii) Where I/we have provided someone else's personal information, I/We confirm that I/We have obtained their consent to do so. To request access to or correction of personal information, please see https://www.msi-oceania.com/privacy.

(c) MSIG is authorised to disclose information received from me/us to its advisers, reinsurers and to other insurers. I/We authorise MSIG to obtain, from any other party, information that is, in MSIG's view, relevant to this claim.

Signed by applicant		Date *(dd/mm/yyyy)*	
Printed name		Phone	
Position		Mobile	
Email address			

We are a member of the Insurance Council of New Zealand and adhere to the Fair Insurance Code.
Further information on the Fair Insurance Code can be found at www.icnz.org.nz