



63 Albert St., P O Box 91748, Auckland Mail Services Centre, Auckland
1030, Auckland, New Zealand Ph: 09-3064014 Fax: 09-3064015

Email: info@nia.co.nz

Registered & Head office: New India Assurance Building 87, M.G Road, Fort, Mumbai – 400001 (India)

House and Contents Claim Form

Issuance of this form is not to be taken as an admission of liability

YOUR DETAILS

Full name:	
Address:	
Contact details:	Address
Telephone:	(Work)
	(Home)
	(Mobile)
	Email

CLAIM DETAILS

Date/time of loss	/ / am/pm
Location of loss	
How did the loss happen? (Please provide full details).	

<p>Who caused the loss?</p> <p>Please provide names and addresses (if known).</p>	
<p>If burglary, theft or intentional damage, has a complaint been made to the Police?</p>	<p>YES/NO</p> <p>If YES, please advise:</p> <p>a) Date reported</p> <p>b) Complaint reference number.....</p> <p>c) Name of the Police Officer.....</p>

<u>DETAILS OF CLAIM</u>				
Description of item	Where obtained	Date	Repair Cost	Replacement Cost

- If your property is lost or stolen, we may require proof of ownership. To assist in the settlement of such claims, could you please forward any receipts, credit card slips or other documents issued to you at the time of purchase.
- If possible, keep damaged items available for inspection.
- Wilful or reckless exaggeration of the amount claimed will end the policy, and the claim will not be paid.

YOUR PRIVACY

We collect and receive your personal information in this claim form to consider your claim. We hold it. You have rights to access it, and correct it under the Privacy Act 1993.

You must provide your relevant personal information to us to comply with the Claims Conditions of this policy. If you fail to do so, we may decline your claim.

We obtain your authority below to transfer your relevant personal information to other members of the insurance industry (including Insurance Claims Register Limited), financially interested parties noted on your policy, and repairers.

YOUR DECLARATION

I declare that:

- 1 All information given to New India in connection with the claim is true.
- 2 No information relevant to the claim has been omitted.
- 3 I authorise:
 - 3.1 New India to disclose this information to:
 - 3.1.1 Other members of the insurance industry (including Insurance Claims Register Limited), and
 - 3.1.2 Financially interested parties noted on the policy, and
 - 3.1.3 Parties repairing or replacing your property.
 - 3.2 The disclosure of my personal information held by any other parties to New India for the purpose of considering and administering the claim.

Signed on behalf of all policyholders

Date / /