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

MATERIAL DAMAGE CLAIM FORM

In accordance with the conditions of the Policy under no circumstances should liability be admitted or any offer of settlement be made without the prior written consent of New India Assurance.

This form must be completed by a person authorised to do so on behalf of the Policyholder/ Insured.

All questions must be answered as fully as possible (use additional pages if necessary)

1. Policyholder(s) / Insured Details

Policy Number:		Claim Number (if known):	
Full name:			
Address:			
Contact details:	Address		
Telephone:	(Work)	(Home)	
	(Mobile)		
	(Email)		
Contact Person:			

2. Circumstance / details for loss or damages

Date / Day / Time of loss	
Location where loss or incident occurred?	
Please explain what happened	
Is there any other insurance with any Company in relation to this loss? If so, give particulars:	
If loss was caused by another person, please give their name, address and telephone number.	
Have you made any other insurance claims over the last 5 years? If yes, please give details including Insurance Company name.	

3. Details of property loss or damage

<p>Are you the sole owner of the property concerned? If no, supply details of other interest and party concerned.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If burglary, loss or theft or malicious damage claim. To which Police Station was it reported? Date Reported.</p>	
<p>Acknowledgement form attached. Police file number. If burglary, state means of entry to the premises.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

3.1 Property Details

NB. Please attach proof of ownership/purchase receipts and quotes for replacement cost to save delays.

Description of property lost or damaged (state each article/ item separately)	Date Purchased & Price	Present Cost of Replacement	Depreciation for Age & Condition	Value of Salvage (if any)	Amount Claimed
Total					

3.2 Glass Breakage

If you are the tenant of commercial premises please provide proof that you are liable under the terms of your lease.

Particulars of glass damage:

Description (Plain, Plate Etc)	Height	Width	Where fixed (window, door etc)

4. Name(s) and Address(es) of Person(s), if any responsible for loss or damages

Name, address, and telephone numbers. Insurance Co. (if known)	
Has a claim been made against the responsible person(s)? If yes advice details	Yes <input type="checkbox"/> No <input type="checkbox"/>
Names, address & telephone number of witnesses of accident / loss.	

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 / We declare that to the best of my/our knowledge, the above are true statements of fact and that **I/We** have not caused the loss/damage or by any fraud or wilful misrepresentation sought unjustly to benefit by the loss/damage and that the information detailed in the Schedule is a true and faithful account of the actual loss/ damage.

I/We agree to notify **New India Assurance** immediately if any of the lost or stolen property mentioned in this claim is subsequently recovered, and at **New India Assurance's** option surrender the property to **New India Assurance** or refund the amount of money received by way of compensation for the property.

I/We authorise the disclosure of **New India Assurance** of personal information held by any other person or organisation regarding or affecting this claim, and authorise **New India Assurance** to release to any person or organisation regarding or affecting this claim.

Dated at this.....day of 20.....

Policyholder's Signature Witness Signature

Name..... Name.....

Address..... Address.....

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