

Claims Form

Commercial Property Insurance



Notification of claim or circumstances out of which a claim may arise

IMPORTANT NOTICE

- Please read the Claim Form fully before answering the questions.
- The Claim Form is to be signed by a Partner, Director or Principal of the Insured.
- All questions must be answered as fully as possible.
- Please use additional sheets if necessary and attach copies of relevant documentation. Relevant documentation includes but is not limited to copies of your retainer, any written demands, court documents.
- If you have any questions in relation to the completion of the Claim Form, please contact your insurance advisor or broker.

Section 1 Details of the Insured

Insured Name: _____

Policy Number (if known): _____

Insured Address: _____

_____ Post Code: _____

Contact person and position: _____

Is this where the loss occurred? Yes ☐ No ☐

Are you the Insured for this claim? Yes ☐ No ☐

Are you the preferred contact for this claim? Yes ☐ No ☐

Email: _____ Work Ph: _____

Mobile: _____ Home Ph: _____

Preferred method of contact: Phone ☐ Email ☐

Broker name and email: _____

Section 2 Claim Details

Claim Type:	Accidental Loss <input type="checkbox"/>	Accidental Damage <input type="checkbox"/>
	Earthquake <input type="checkbox"/>	Impact <input type="checkbox"/>
	Attempted Theft/Theft/Burglary <input type="checkbox"/>	Weather/Storm Related <input type="checkbox"/>
	Fire <input type="checkbox"/>	Storm <input type="checkbox"/>

Date of the incident: _____ Time: _____

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Was the loss caused by you or a family member living with you?

Yes []

No []

Did you discover the loss?

Yes []

No []

Please tell us what happened:

Please tell us what is damaged:

Building only []

Contents only []

Building and Contents []

Other []

Usage:

Residential []

What is the age of the building? _____

Is this age approximately or actual?

Approximately []

Actual []

What is the occupancy status?

Owner Occupied []

Tenanted []

Unoccupied []

Are multiple areas of the building damaged?

Yes []

No []

Have you arranged anything in respect of the damage/loss since it occurred?

Yes []

No []

e.g. secured the property, changed the locks, organised repairs etc.

Is there anything else you want to tell us?

Section 3

Loss Schedule

Please enter details about the specific items that have been damaged or lost:

Building:

Item Details	Area	Description
e.g. Carpet		e.g. Water damage

Content:

Item Details	Make / Model	Area	Quantity	Age	Original Purchase \$	Comments	Proof of Purchase Y / N

Please attach any documentation with proof of purchase and any supporting material including images.

Is there anything else you want to tell us?

Section 4**Declaration**

I, Full Name: _____

Position: _____

Of the Insured and on behalf of the Insured declare the above answers to be true and correct AND acknowledge that DUAL may make its decision on indemnity having regard to these answers.

Your Signature: _____

Date: / /

PRIVACY: DUAL New Zealand are committed to protecting your privacy. We use the personal information you provide to us in connection with your claim form only for the purpose of assessing and managing the claim. We may need to provide that information to our underwriters and those we appoint to assist us with the claim. We will not trade, rent or sell your information. If you do not provide us with complete information, we cannot properly assess your claim. You can check the personal information we hold about you at any time. If you provide us with personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters. For more information about our Privacy Policy, please refer to: www.dualnewzealand.co.nz.