MARBLE INSURANCE

09 390 9399
info@marbleinsurance.co.nz
www.marbleinsurance.co.nz

Home and Contents Claim Form

This form collects personal information about you so that the insurer can evaluate your claim. Failure to provide this information may result in your claim being declined. The collection of this information is required as part of the terms of your insurance policy. It will be held by, Marble Insurance and the insurer who received your claim. You have the rights of access to and correction of this information subject to the provisions of the Privacy Act 2020. Click here to view our full Privacy Policy.

Insured Details

Insured Name or Company/Trust Name:
Contact Person:
Policy Number:
Street Address:
City:
Postal/ Zip Code:
Phone:
Email:

The Claim Incident

What is this claim for:
What happened:
When did the incident happen:
Street Address:
City:
Postal/ Zip Code:

Please provide details of the incident:

Were there any witnesses?

If 'Yes' details below.

	Name	Phone Number	Email
Witness One			
Witness Two			
Witness Three			

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Was the loss causes by a person other than yourself?

If 'Yes' please provide details below.

Name:
Street Address:
City:
Postal/ Zip Code:
Phone:

If a burglary: Please state means of entry below.

Was the damage caused by gaining entry:

If 'Yes', what damage was caused?

Policy Details

If a Police Complaint Acknowledgment attached?

If 'Yes', please attach a copy of the Police Complaint Acknowledgement.

If 'No', please complete details below:

Reported by:
Date:
Station Name:
Complaint Ref. No:
Name of Attending Officer:

Was a list of missing items given to the Police?

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General Questions

Do you have any other insurance which covers this loss?

If 'Yes', please give full detials:

Are you the sole owner of the property?

If 'No', please give full details of owner, or of any other person who owns a share of the property below.

Name:
Street Address:
City:
Postal/ Zip Code:
Phone:

Is the property subject to any financial or hire purchase agreement?

If 'Yes', please give full details of any mortage, etc. below.

Company Name:
Company Address:
City:
Postal/ Zip Code:
Company Phone:

Who occupies the property i.e. Owner occupied, Tenant or Unoccupied?

If 'Tenant', provide details below.

Tenant Name:
Tenant Phone:

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Have you made any other insurance claims over the last five years?

If 'Yes' please give full details:

Have you or any member of your family ever had an insurance claim declained?

If 'Yes' please give full details (include date, type of claims and name of Insurer):

Have you or any member of your family living with you, ever been charged or convicted of any criminal offence other than driving offences?

If 'Yes', please give details:

Have you ever had an insurance policy declined, or had special terms imposed?

If 'Yes', please give details:

Details of Claimed Items

Do you have a Schedule of Loss to attach?

If 'Yes', please attach a copy of the Schedule of Loss.

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If 'No I will provide details below', please specify below.

***If secondhand, state the item age when obtained.**
If Non Applicable state "N/A".

	Decription of Item (include make, model and serial #)	Date Obtained*	From whom Obtained (name and address)	Price Paid	Current Replacement Cost	Name of Repairer	Est. Repair Cost
Item 1							
Item 2							
Item 3							
Item 4							
Item 5							
Item 6							
Item 7							
Item 8							
Item 9							
Item 10							

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Declaration

I/We declare that to the best of my knowledge the details provided in this claim form are true. I/We have not withheld any information likely to affect the insurers consideration of the claim.

I/We agree to Marble Insurance Limited and the Insurance Company (and/or their agent) with whom I am insured may disclose my/our personal information regarding this claim to:

- a. Other parties including other members of the Insurance Industry and the data base of the Insurance Claims Register (ICR Ltd) PO Box 474, Wellington where it will be retained and made available to other insurance companies to inspect.
- b. Parties who have a financial interest in the subject matter of the policy and parties repairing or replacing the subject matter of the claim.
- c. I/We understand that I am/we are entitled to have certain rights of access to and correction of the personal information held by Marble Insurance Limited and the Insurer and ICR Ltd.
- d. I/We understand that my/our personal information may be provided to overseas third party service providers and/ or Insurers who may use this information either on our behalf or otherwise to process and evaluate the claim.

I/We agree to Marble Insurance Limited and the Insurer obtaining personal information about me/us that is, in their view, relevant to this claim.

From any other party including other members of the Insurance Industry and from Insurance Claims Register Ltd (ICR) which holds details of claims made by me/us under policies with other insurers.

All information and answers (whether written or oral) given to Marble Insurance Limited and the Insurance Company in connection with this claim are correct and that no information relevant to the claim has been omitted. I/We authorise Marble Insurance Limited and the Insurance Company to act on my/our behalf.

Declaration Signed By:

Full Name:
Date/ Time:
Signature: