

Material Damage 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 Name/Company Details

Insured Name:

Contact Person:

Policy Number:

Email:

Phone:

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:

Have you done anything to reduce or recover the loss or damage:

If Yes, please explain details:

Were there any witnesses?

If 'Yes' details below.

	Name	Phone Number	Email
Witness One			
Witness Two			
Witness Three			

Do you think that any other person is responsible for this loss or damage?

If 'Yes', please provide details below:

If a Police Complaint Acknowledgment attached?

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

If 'No', please complete details below:

Report by:

Date:

Station Name:

Complaint Ref. No:

Name of Attending Officer:

Did the premises have a burglar alarm?

If 'Yes', was the alarm on at the time the loss or damage happened?

General Questions

Do you have any other insurance which covers this loss or damage:

If 'Yes', please give full details:

If 'Yes', please give full details:

Property Lost or Damaged Details

Do you have a Schedule of Loss to attach?

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

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

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

Are you the sole owner of the lost or damaged property?

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

Owners Name:

Street Address:

City:

Postal/ Zip Code:

Phone:

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

If 'Yes', please give full details of any mortgagee, etc below:

Company Name:

City:

Postal/ Zip Code:

Phone:

Who occupies the building. i.e. Tenant, Owner Occupied or Unoccupied?

If 'Tenant' please provide details below:

Full Name:

Phone:

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: