

Contents Claim Form



How to complete this form

Option 1 Type the details directly into the form, save and print. **Don't forget to sign it!**

Option 2 Save and print out the form and complete by hand.

Once completed the form can then be scanned and emailed to your broker, or directly to claims@ando.co.nz

Policyholder name

Company name

OR

Title

First name

Last name

Contact details of the person completing this claim

Title*

First name*

Last name*

Mobile*

Work phone

Email address*

Role*

(e.g. broker or owner)

Incident details

Date of incident*

Time of incident*

Where the incident occurred*

Please advise what happened and details of the damage.* (Please provide any photos of damage.)

Incident details cont.

Details of lost, stolen or damaged property		Information to assist in calculation of the claim	
Include brand name, model and serial numbers if applicable	Where and when purchased	Original purchase price	Estimated replacement cost
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Have you arranged anything to be repaired or replaced since the incident?* (E.g. locks, glass.)

Was the loss or damage reported to the Police? Yes No

If 'Yes', give name of station notified

Is the lost or damaged property insured under any other policy? Yes No

If 'Yes', give details

Have you, your partner or anyone covered by this policy made any contents claims, or suffered any loss or damage to contents in the last three years? Yes No

Have you, your partner or anyone covered by this policy had any insurance refused, cancelled, special terms imposed, renewal not offered or a claim declined in the last five years? Yes No

Have you, your partner or anyone covered by this policy had any criminal convictions not subject to the Criminal Records (Clean Slate) Act 2004? Yes No

Please complete Declaration on Page 3.

Please note:

- Ando Insurance Group does not admit liability by the issue of this form.
- Any occurrence or claim must be notified to Ando Insurance Group immediately.
- You must not incur any expenses without the written consent of Ando Insurance Group.
- You must not make any admission of liability, offer of settlement, promise or payment without the written consent of Ando Insurance Group.
- Failure to provide full and correct information could result in your claim not being accepted by Ando Insurance Group.
- Please retain damaged goods in case inspection is required.
- Please attach estimates in support of repairs as appropriate along with any other relevant documentation.

Claim Form Declaration

- I/we:**
- Declare the information given in this form is true and correct;
 - Agree to provide any further information that may be required;
 - Understand that you require my personal information for the purposes of evaluating and processing this claim;
 - Understand that my personal information may be stored physically or electronically by Ando Insurance Group, or any supplier (with whom we have a contractual arrangement);
 - Authorise you to obtain from any other party personal information about me/us that you may consider to be relevant to this claim;
 - Authorise you to add details of this claim to the database of the Insurance Claims Register Ltd (ICR Ltd) where it will be retained and available for other insurers to access;
 - Authorise you to obtain from Insurance Claims Register Ltd (ICR Ltd) details of claims made by me/us;
 - Understand that I/we have certain rights of access to and correction of my personal information;
 - Understand that failure to provide all personal information requested by you in relation to this claim may result in the claim being delayed or denied.

I have read and accept these conditions* (please tick)

Signature(s) of Insured*

Date*

DD/MM/YYYY

Print

Save

Need help?

Call us on 0800 567 333
Email claims@ando.co.nz