

Marine Household Goods & Personal Effects Claim form



Policy number 46-RP44158-MAC

- ▶ WARNING: If you supply any untrue or false information and know that it is not true NZI shall have the right to refuse the claim
- ▶ Please answer all questions on this form. If a question does not apply to your claim, please answer "N/A"
- ▶ Under no circumstances should liability be admitted or any offer of settlement be made without NZI's prior written approval
- ▶ Do not include any comment which could be construed as an admission of liability
- ▶ NZI have the right to appoint a lawyer or other expert to act on your behalf.

Beneficiary bank account for claim settlement

Account name: _____

Bank				Branch Number				Account Number				Suffix								

The completion of this form is not an admission of liability by the Insurer.

Claimant Name: _____ Phone: _____

Postal Address: _____

1. Certificate Number: _____ Where issued: _____

2. Vessel / Airline: _____ Date transit commenced: _____

3. Address where damage / loss occurred: _____

4. Full details of how loss or damage occurred (list item details on the following page):

5. Date of arrival: _____ Date loss discovered: _____

6. Who have you notified regarding this claim?
(Please list names and addresses of ship owners / carriers / police and any other parties you have notified):

7. What was the result of any claim made against a third party? (Please attach any correspondence to this claim form):

8. Are you insured against theft, loss or damage with any other insurance company? Yes No

If Yes, name of insurance company: _____

9. Estimated total sound value of all effects in the entire shipment before loss or damage: \$ _____ Currency: _____

Declaration and Signature

I / We declare that:

1. Material Facts:
 - (a) All information given to NZI, a business Division of IAG New Zealand Limited, in connection with this claim (whether written or oral) is true and correct;
 - (b) No information relevant to this claim is omitted;
2. Use of Information:
 - (a) My / our personal information collected by NZI in connection with this claim may be disclosed to other members of the insurance industry and Insurance Claims Register Ltd;
 - (b) My / our personal information held by any other parties in connection with this claim may be disclosed to NZI
 - (c) Details of my / our claims made under policies with other members of the insurance industry may be disclosed to NZI
3. Please Note:
 - ▶ We gather information about you (including your claims history) to consider your claim. The terms of your insurance policy require you to supply this information, and if you refuse to provide it, we may decline your claim.
 - ▶ This information is held by us and you may access it.
 - ▶ Your claims history is passed onto, and held by, Insurance Claims Register Ltd. This enables other insurers you deal with to access it, and prevents fraudulent claims.

Signed on behalf of all Insured's

Signature: _____ Date: _____

Title / position: _____

Once completed, please return this claim form and any other supporting documents to your broker, or marineclaims@nzi.co.nz

Procedure

1. Immediate notice must be given to NZI.
2. Depending on the circumstances, we may appoint a surveyor to assist you with your claim.
3. Whether a surveyor is appointed or not, you must act as if you are uninsured and take all reasonable steps to minimise the loss, damage or any potential legal liability, and safeguard the property insured.
4. Provide a completed Claim Form and present to NZI or surveyor if one is appointed.



We are a member of the Insurance Council of NZ and adhere to the Fair Insurance Code. Further information on the Fair Insurance Code can be found at www.icnz.org.nz