

# Chattel Claim Form



**Pursuant to the Privacy Act 1993 the following is brought to your attention:**

- a. This claim form collects personal information about you
- b. The information is collected to evaluate your claim
- c. The collection of this information is required pursuant to the terms of your insurance policy
- d. The failure to provide this information may result in your claim being declined
- e. The information is being collected and held by Southsure Assurance Limited, PO Box 1404, Invercargill
- f. The intended recipient of the information is Southsure Assurance Limited, PO Box 1404, Invercargill
- g. You have the right of access to and correction of this information in accordance with the Privacy Act 1993

## PERSONAL DETAILS

Loan Account Number		
Name		Date of Birth
Address		
Phone - Home	Phone - Work	Phone - Mobile
Chattel Make	Chattel Model No.	Chattel Serial No.
Chattel Description		Purchase Price of Chattel \$ _____
Dealer from whom the Chattel was purchased		Date Chattel was purchased ____ / ____ / ____

## DECLARATION

I/we declare that the information given in this claim form is true and complete and understand fully that failure to provide full and truthful information could result in my claim being declined

I/we authorise and request the New Zealand Police to release to the Underwriter copies of all documents held by the New Zealand Police relating to the incident giving rise to this claim. If necessary this authority should be treated as a formal request pursuant to the Official Information Act 1982. A photocopy of this authorisation shall be as valid as the original.

I/we authorise the disclosure of personal information held by other parties which relate to this claim.

I/we authorise Southsure Assurance Limited to disclose personal information regarding this claim to other parties, members of the insurance industry and parties who have a financial interest in the subject matter of this insurance.

I/we authorise Southsure Assurance Limited to check details against the Insurers Claim Register and to place information on the Insurance Claim Register which other insurers can access.

I/we authorise any licensed Private Investigator instructed by you to make enquiries into my claim to take such audio transcription, photographic or video surveillance as might be necessary for your proper assessment of my claim, such audio transcriptions, photographic or video surveillance may be carried out without my prior knowledge or any other consent.

Full name of Insured(s) \_\_\_\_\_

Signature of Insured(s) \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please ensure the "Circumstance of the Claim" section is completed on the back of this form.**

CIRCUMSTANCES OF THE CLAIM	
When did the damage or loss occur? ____ / ____ / ____ Between the hours of ____ am/pm and ____ am/pm	
When was the damage or loss discovered? Date ____ / ____ / ____	
Who discovered the damage or loss?	
At what location did the damage or loss occur? Number and Street: _____ Suburb: _____ Town/City: _____	
Provide a full description of what occurred, including cause of damage or loss:	
<b>You must inform the Police immediately if property has been lost or if you suspect burglary, theft, arson, malicious damage or any other criminal act has caused the damage or loss.</b>	
Name of Police station reported to: _____	Phone No. of Police Station reported to: (      )
Date reported to Police: ____ / ____ / ____	Do you or the police know or suspect who caused the damage or loss? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give details including name and address if known:	
Where were you at the time of the damage or loss?	
If burglary/theft, do you or the Police know how entry was gained to the premises/vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please give details including any damage caused in gaining entry:	
Were the premises occupied at the time of the loss? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, when were the premises last occupied and by whom? Full name: _____ Date ____ / ____ / ____ Time ____ am/pm	
Has any property been recovered? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give details:
Please give details of any other insurances that cover the property you are claiming for: Insurance Company: _____ Branch Address: _____ Policy Number: _____	
Have you had a loss or made a claim against any insurance company in the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please give details including name of the insurance company:	

**A copy of your proof of purchase AND a Police Complaint Acknowledgement form  
MUST be returned with this claim form**