

# Household & Personal Effects Claim Form



**The Insurers do not admit liability by the issue of this form.**

Claimant \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

1. Policy/Certificate number \_\_\_\_\_ Where issued \_\_\_\_\_

2. Mode of transport (vessel name if applicable) \_\_\_\_\_ Date transit commenced \_\_\_\_\_

3. Address of premises/description of place where loss or damage occurred

4. Full particulars of circumstances giving rise to the loss or damage: *List details of items on the reverse side*

5. Date of arrival / / Date when loss or damage discovered / /

6. If the claim is in respect of articles lost, please give the names and addresses of ship owners, carriers, police and other parties notified by you in regard to possible recovery.

7. Result of claim against any third parties who may be responsible for the loss or damage. *Attach any correspondence to this form*

8. Are you insured against theft, loss or damage with any other insurance company? **yes ~ no** (Please circle)

If yes, Company \_\_\_\_\_ Branch \_\_\_\_\_

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

## Privacy Act

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

- This claim form collects personal information about you;
- The information is collected to evaluate your claim;
- The intended recipient of the information is Vero Marine Insurance Limited;
- The information is collected and held by Vero Marine Insurance Limited, 48 Shortland Street, Auckland;
- The collection of this information is required pursuant to your insurance policy;
- The failure to provide this information may result in your claim being declined;
- You have rights of access to and correction of this information, subject to the provisions of the Privacy Act 1993.

## Declaration

I/We declare that the above statements are true and correct and I/we have not withheld any material information which will directly or indirectly affect this claim.

Signature of Claimant \_\_\_\_\_ Date / /

Print Name \_\_\_\_\_

