Covi Contents Claim Form

PO Box 62 608, Greenlane, Auckland 1546 Ph 09 638 4740, 0800 805 965 | Email claims@covi.co.nz Underwritten by Lumley, a business division of IAG New Zealand Limited (your insurer)



Please save and complete this form. Then email a copy to claims@covi.co.nz

INSURED DETAILS – FULL DETAILS OF INSURED/OWNER						
Client name	Who would you like us to communicate with regarding your claim If					
	different from above:					
Rego	Preferred contact name					
Preferred contact number	Relationship					
Email address	Contact number					
	Email address					
DETAILS OF LOSS						
What happened?	For burglary, loss or theft were the Police notified? Y N Acknowledgement form attached: Y N					
	Acknowledgement form attached: Y N Station					
M/L	Date reported File number					
Where	Date reported File number					
Time Date	Are you claiming for contents that you own? Y N Are you the sole owner of the property being claimed for? Y N					
	Are you the sole owner of the property being claimed for? Y N If no, which of these applies?					
Is there any other Insurance policy in place that may cover this loss?						
Details	N Joint owner Hire purchase Other – give details Please provide details					
Have you or any member of your family living with you:	Is this claim for damage to someone else's property? Y N					
Made a claim in the last five years?	N Name of property owner					
Had a claim declined? Y	N					
Been charged or convicted of any criminal offence (other than driving)? Y	N Address					
(other than driving)? Y Details						
	Who are they insured with?					
Was this loss caused by someone else?	N					
Please provide details:	Claim/policy number					
Name						
Address						
Phone number						
- Hone Humber						

DETAILS OF PROPERTY BEING CLA	AIMED FOR:							
DESCRIPTION	PURCHASED FROM	PURCHASED WHEN	PURCHASE PRICE	REPLACEMENT COST	REPAIR COST	QUOTE ATTACHED		
							Y	N
							Y	N
							Y	N
							Y	N
							Y	N
							Y	N
							Y	N
							Y	N
							Y	N
							Y	Ν
							Y	N
							Y	N
							Y	N
DUDGUANT TO THE DDIVAOV ACT 9	000							

PURSUANT TO THE PRIVACY ACT 2020

The following is brought to your attention:

- (a) This claim form collects personal information;
- (b) The information is collected to evaluate your claim;
- (c) The intended recipient of the information is Covi NZMCA Insurance;
- (d) The information is being collected and held by Covi NZMCA Insurance and may be passed to, and held by, your insurer;
- (e) The collection of this information is required pursuant to the terms of your insurance policy;
- (f) The failure to provide this information may result in your claim being declined;
- (g) You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 2020.

DECLARATION

I/We:

- declare all information provided is complete and correct and there is no further information relevant to this claim;
- authorise Covi NZMCA Insurance and/or your insurer to disclose to, and obtain from, other parties including the Insurance Claims Register Ltd, the NZ Police, insurance assessors, other insurers and
 - I have read and understand the above declaration.

Policyholder's signature

advisers information about this claim, previous claims made by me/ us and/or any insurance held by me/us for the purpose of evaluating and processing this claim;

• agree to provide any further information or assistance as and when required by Covi NZMCA Insurance and/or your insurer.

(If company, state capacity)

Date

If you can't digitally sign this document, please submit it to us and we will obtain your signature at a later date.