

# Covi

## Contents Claim Form

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



**Complete and save this form. Then email a copy to [claims@covi.co.nz](mailto:claims@covi.co.nz)**  
**\*Please note, these fields are mandatory.**

### INSURED DETAILS – FULL DETAILS OF INSURED/OWNER

Client name

Rego

Preferred contact number

Email address

Who would you like us to communicate with regarding your claim if different from above:

Preferred contact name

Relationship

Contact number

Email address

### DETAILS OF LOSS

What happened?

  
  

Where

Time

Date

Is there any other Insurance policy in place that may cover this loss?

☐ Y ☐ N

Details

  
  

Have you or any member of your family living with you: **\*These fields are mandatory**

Made a claim in the last five years?\*

☐ Y ☐ N

Had a claim declined?\*

☐ Y ☐ N

Been charged or convicted of any criminal offence (other than driving)?\*

☐ Y ☐ N

Details

  
  

Was this loss caused by someone else?

☐ Y ☐ N

**Please provide details:**

Name

Address

  
  

Phone number

For burglary, loss or theft were the Police notified?

☐ Y ☐ N

Acknowledgement form attached:

☐ Y ☐ N

Station

Date reported

File number

Are you claiming for contents that you own?

☐ Y ☐ N

Are you the sole owner of the property being claimed for?

☐ Y ☐ N

If no, which of these applies?

☐ Joint owner ☐ Hire purchase ☐ Other – give details

Please provide details

  
  

Is this claim for damage to someone else's property?

☐ Y ☐ N

Name of property owner

Address

  
  

Who are they insured with?

Claim/policy number

**DETAILS OF PROPERTY BEING CLAIMED FOR:**

DESCRIPTION	PURCHASED FROM	PURCHASED WHEN	PURCHASE PRICE	REPLACEMENT COST	REPAIR COST	QUOTE ATTACHED	
						<input type="checkbox"/> Y	<input type="checkbox"/> N
						<input type="checkbox"/> Y	<input type="checkbox"/> N
						<input type="checkbox"/> Y	<input type="checkbox"/> N
						<input type="checkbox"/> Y	<input type="checkbox"/> N
						<input type="checkbox"/> Y	<input type="checkbox"/> N
						<input type="checkbox"/> Y	<input type="checkbox"/> N
						<input type="checkbox"/> Y	<input type="checkbox"/> N
						<input type="checkbox"/> Y	<input type="checkbox"/> N
						<input type="checkbox"/> Y	<input type="checkbox"/> N
						<input type="checkbox"/> Y	<input type="checkbox"/> N
						<input type="checkbox"/> Y	<input type="checkbox"/> N
						<input type="checkbox"/> Y	<input type="checkbox"/> N
						<input type="checkbox"/> Y	<input type="checkbox"/> N
						<input type="checkbox"/> Y	<input type="checkbox"/> N
						<input type="checkbox"/> Y	<input type="checkbox"/> N

**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 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.

☐ I have read and understand the above declaration.

Policyholder's signature

(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.