

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)



Complete and save this form. Then email a copy to 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

