



## D. GLASS BREAKAGE

- If you are the tenant of commercial premises please provide proof that you are liable under the terms of your lease –

Description (Plain, Plate Etc)	Height	Width	Where fixed (window, door etc)

## E. PUBLIC LIABILITY

- 1) Name and address of owner of property damaged Was the owner known to you? ☐ Y ☐ N In what capacity?
- 
- Telephone:
- Insurance Co:
- 2) Has a claim been made on you? ☐ Y ☐ N
- If 'Yes' advise details
- 3) Names, addresses & phone numbers of witnesses of accident:
- a.
- b.
- c.

## DECLARATION: Note: Failure to provide full and truthful information could result in the Claim being declined.

1. I/We agree to The Company or their agents IUA disclosing my/our personal information regarding this claim to:
- (a) Other parties including other members of the Insurance Industry and the data base of the Insurance Claims Register (ICR Ltd) P.O. Box 474, Wellington, where it will be retained and made available to other insurance companies to inspect.
  - (b) Parties who have a financial interest in the subject matter of the policy and parties repairing or replacing the subject matter of the claim.
  - (c) I/We understand that I am/We are entitled to have certain rights of access to and correction of the personal information held by The Company, their agent IUA or the Insurance Claims Register.
2. I/We agree to The Company acting through their agents IUA obtaining personal information about me/us that is, in The Company's or IUA's view, relevant to this claim.
- (a) From any other party including other members of the Insurance Industry and from Insurance Claims Register Ltd (ICR Ltd) Which holds details of claims made by me/us under policies with other insurers.

All the information and answers (whether written or oral) given to The Company acting through their agent IUA in connection with this claim are correct and that no information relevant to the claim has been omitted. I/We authorise The Company acting through their agent IUA to act on my/our behalf.

Insured Signature

Date:  /  / 20

If Company, state capacity

## IF CLAIM IS FOR BURGLARY, THEFT OR LOSS THE FOLLOWING STATUTORY DECLARATION MUST BE COMPLETED

I hereby declare that the answers given above are in every respect correct and I make this solemn declaration conscientiously believing the same to be true and by virtue of Oaths and Declaration Act 1957.

Insured Signature

Declared at:  this  day of  Year

Before Me:

Justice of the Peace or Solicitor or other person authorised to take a Statutory Declaration