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Claim form



How to complete this form

Print out the form and complete by hand. Once completed, scan the form and email to your broker or send directly to claims@ando.co.nz

Policyholder details

Policy number	<input type="text"/>		
Company name	<input type="text"/>		
OR			
Title	<input type="text"/>	First name	<input type="text"/>
		Last name	<input type="text"/>

Contact details of the person completing this form

Title*	<input type="text"/>	First name*	<input type="text"/>	Last name*	<input type="text"/>
Mobile*	<input type="text"/>	Work phone	<input type="text"/>		
Email address*	<input type="text"/>				
Role* (e.g. broker or owner)	<input type="text"/>				

Incident details

Date of incident*	<input type="text"/>	Time of incident*	<input type="text"/>
Location of incident*	<input type="text"/>		
Please advise what happened and details of the damage* (Please attach any photos of damage)			
<input type="text"/>			

Incident details cont.

Details of lost, stolen or damaged property		Information to assist in calculation of the claim	
Include brand name, model and serial numbers if applicable	Where and when purchased	Original purchase price	Estimated replacement cost
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Please specify if you have arranged anything to be repaired or replaced since the incident* (e.g. locks, glass)

Was the loss or damage reported to the police? Yes No

If 'Yes', provide name of station notified

Is the lost or damaged property insured under any other policy? Yes No

If 'Yes', provide details

Have you, your partner or anyone covered by this policy made any contents claims, or suffered any loss or damage to contents in the last three years? Yes No

Have you, your partner or anyone covered by this policy had any insurance refused, cancelled, special terms imposed, renewal not offered or a claim declined in the last five years? Yes No

Have you, your partner or anyone covered by this policy had any criminal convictions not subject to the Criminal Records (Clean Slate) Act 2004? Yes No

Direct credit authority

If your claim is accepted, we can direct credit your bank account if there are any payment(s) to you. Please provide your account details below if you would like a direct credit.

Bank account name

Bank account number - - -

Please note:

- Ando Insurance Group Limited does not admit liability by the issue of this form.
- Any occurrence or claim must be notified to Ando Insurance Group Limited immediately.
- You must not incur any expenses without the written consent of Ando Insurance Group Limited.
- You must not make any admission of liability, offer of settlement, promise or payment without the written consent of Ando Insurance Group Limited.
- Failure to provide full and correct information could result in your claim being delayed or not being accepted by Ando Insurance Group Limited.
- Please retain damaged goods in case inspection is required.
- Please attach estimates in support of repairs as appropriate along with any other relevant documentation.

Claim form declaration

I/we declare that to the best of my/our knowledge the information provided in this form is complete and accurate.

I/we:

- Agree to provide any further information that may be required;
- Understand that you require this personal information in connection with this claim and that it may be stored physically or electronically by Ando Insurance Group Limited, or any supplier (with whom we have a contractual arrangement);
- Authorise the disclosure of this personal information associated with this claim to other parties;
- Authorise you to obtain from any other party personal information about me/us that you may consider to be relevant to this claim;
- Authorise you to add details of this claim to the database of the Insurance Claims Register (ICR) where it will be retained and available for other insurers to access;
- Authorise you to obtain from the ICR details of claims made by me/us;
- Understand that I/we have certain rights of access to and correction of personal information held by you and the ICR;
- Understand that failure to provide all personal information requested by you in relation to this claim may result in the claim being delayed or denied.

I have read and accept these conditions* (please tick)

Signature(s) of Insured* Date*

Need help?

Call us on 0800 567 333
Email claims@ando.co.nz

We adhere to the Fair Insurance Code which provides you with assurance that we have high standards of service to our customers. You can access a copy of the code at icnz.org.nz

