



Insured's Details

Business Name:	_____	Policy Number:	_____
Contact Person:	_____	Contact Phone:	_____
Email:	_____	Fax:	_____
Address:	_____	Insurer:	_____
	_____	Preferred method of contact:	_____

Loss Details

Time of loss: _____ AM PM Date of loss: _____

Location of loss: _____

What were the circumstances of loss?

Is there any other insurance held on the damaged property? Yes No

If yes, details _____

Do you know who is responsible for the damage? Yes No

If yes, details _____

Is there finance held on the damaged property? Yes No

If yes, details _____

Does any other party hold ownership stake of the property? Yes No

If yes, details _____

Have you arranged for anything to be repaired or replaced since the incident?

Further Information or Comments

Declaration

I declare that to the best of my knowledge the details given in this claim form are true I undertake to render assistance in connection with this claim.

I agree that Wayne Grayson and Associates Ltd and the insurance company with whom I am insured may give to or obtain from the appropriate individuals and organisations information relevant to this claim. I agree that the insurance company with whom I am insured may give to or obtain from the ICR details relevant to my claim. (The Insurance Claims Register Ltd (ICR) holds details of claims under policies issued by participating insurers. Participating insurers can check details of your claims history at ICR.) Failure to provide full and correct details could result in your claim not being accepted by the insurer.

I have read and confirm that I understand the declaration

Name of Insured (person completing form): _____

Direct Credit Details

Account Name:

Bank

Branch

Account Number

Suffix

Submit

Clear Form

Note: the form submit button may not be supported in some pdf programs, please save and email form to claims@waynegraysn.co.nz