



## 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

Have you or your partner or anyone covered under this policy made any Commercial Building claims in the past three years? Yes  No

Have you or your partner or anyone covered under this policy had insurance refused, canceled, special terms imposed, renewal not offered or claim declined? Yes  No

Have you or your partner or anyone covered under this policy had a criminal conviction that is not subject to the criminal records (Clean Slate) Act 2004? Yes  No

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@waynegrayson.co.nz](mailto:claims@waynegrayson.co.nz)