

Commercial Property claim form



Client number if known

You can send photos and receive claim updates through the My Rothbury App – Download it now!

Client name

Address

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

Do you have the Rothbury App? Y N

Please turn on notifications to receive claim updates via the app.

What happened?

If Tenants or Other please provide details

Where

Is there any other Insurance policy in place that may cover this loss? Y N

Time Date

Details

When did you first know about the loss?

Have you made a claim in the last five years? Y N

Have you done anything to reduce the damage or recover the loss? Y N

Details

Have you completed any repairs or taken steps to prevent further damage? Y N

Was this loss caused by someone else? Y N

Please provide details

Please provide details
Name

If the loss or damage is to a building, who occupies it?
 Tenants Owner Other

Address

Phone number

For burglary, loss or theft were the Police notified? Y N

Are you claiming for property that you own? Y N

Acknowledgement form attached: Y N
Station

Are you the sole owner of the property being claimed for? Y N

Date reported File number

If no, which of these applies?

Joint owner Hire purchase Mortgagee

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

Please provide a copy of any communication you receive from them or their Insurer

Do you know the estimated cost?

Were there any witnesses? Y N

Please provide witness details

Glass Breakage – Please note - if you are a tenant of a commercial building, please provide proof that you are liable under the terms of your lease.

Details of property being claimed for:

DESCRIPTION	PURCHASED FROM	PURCHASED WHEN	PURCHASE PRICE	REPLACEMENT COST	REPAIR COST	QUOTE ATTACHED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Y <input type="radio"/> N
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DECLARATION

I/We

1. Declare that to the best of my/our knowledge the information provided in support of the claim is correct and complete in all ways and there is no further information relevant to the claim.

Please Note: The collection of this information is required under the terms of your policy in order for the claim to be evaluated. Failure to provide complete and correct information may result in the claim being declined.

2. Agree to provide any further information that may be required;
3. Authorise the disclosure and obtaining, of my/our personal information in respect of this claim, to and from parties

I have read and understand the above declaration

Full name

Position

Date

including Insurers, intermediaries and other members of the Insurance Industry, the insurance Claims Register PO Box 474, Wellington (where information is retained and made available to other insurers), and other parties relevant to your claim including those with a financial interest in, and/or involved in the repairing or replacing of, the subject matter of the claim.

4. Understand I/we have certain rights of access to and correction of my/our personal information pursuant to the Privacy Act 1993; and
5. All information collected will be held by Rothbury Insurance Brokers, 1 Queen Street, Auckland and/or the Insurer.

DIRECT CREDIT AUTHORITY

If you would like any payment due to be paid direct to a bank account, please provide your account details:

Name of Account

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BANK	BRANCH	ACCOUNT NUMBER	SUFFIX

FOR OFFICE USE ONLY

INSURER

POLICY NUMBER

NAME OF ROTHBURY STAFF
MEMBER COMPLETING FORM