

Contents claim form – Portable Electronics



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?

Where

Time

Date

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

Y N

Details

Have you or any member of your family living with you:

Made a claim in the last five years?

Y N

Had a claim declined?

Y N

Been charged or convicted of any criminal offence
(other than driving)?

Y N

Details

Was this loss caused by someone else?

Y N

Please provide details

Name

Address

Phone number

For burglary, loss or theft were the Police notified?

Y N

Acknowledgement form attached:

Y N

Station

Date reported

File number

Are you claiming for property that you own?

Y N

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

Y N

If no, which of these applies?

Joint owner

Hire purchase

Other – give details

Details of other property owner

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

Mobile device(s) being claimed for: **Please keep the damaged items so that they can be inspected**

1

MAKE	MODEL	MEMORY SIZE	SERIAL NO	IMEI NO
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MOBILE NUMBER	PURCHASED FROM	PURCHASED WHEN	NETWORK PROVIDER	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Was the mobile device: NEW USED GIFT INSURANCE REPLACEMENT

Is the device repairable? Y N Quote attached Y N

2

MAKE	MODEL	MEMORY SIZE	SERIAL NO	IMEI NO
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MOBILE NUMBER	PURCHASED FROM	PURCHASED WHEN	NETWORK PROVIDER	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Was the mobile device: NEW USED GIFT INSURANCE REPLACEMENT

Is the device repairable? Y N Quote attached Y N

Other items being claimed for (including accessories):

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
<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
<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
<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
<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
<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
<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

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.

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.

Full name

Date

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
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