

Material Damage and Business Interruption Insurance Notification form



IMPORTANT INFORMATION

Use this notification form to notify claims on Delta Insurance New Zealand's (Delta) Material Damage and Business Interruption policies.

You should not make any admission of liability or make any offer of settlement without Delta's prior approval.

PO	LICY DETAILS					
1	Name of Insured:					
2	Policy/Claim Number:					
3	Address:					
4	Contact name:					
5		Phone:				
Ü		Therie.				
CL	AIM DETAILS					
Ple	ease also complete the Loss Schedule on page 2 of this form.					
6	When did the loss occur? Date:	Time:				
7	Where did the loss occur? Address:					
8	How much is being claimed from you?					
9	What happened and how did the loss occur? You may attach a separate document i	f you prefer.				
10	Does someone other than you own any of the damaged property/assets?	(0	Yes	0	No
	If Yes, please provide details:					
11	Do you know who was responsible for the loss?	(\bigcirc	Yes	0	No
	If Yes, please provide details:					
12	Is there finance on any of the property/assets claimed for?	(0	Yes	0	No
	If Yes, please provide details:					
0.7	UED INFORMATION					
	HER INFORMATION	,	\bigcirc	.,		
	Do you have any other insurance policies which may cover this claim?			Yes		No
14	What risk management steps have you taken / are you planning to take to prevent sin	milar circumstances aris	sınç	g aga	ın;	
15	Are you attaching any decuments?	,	\frown	Voc		NIa
ĊI	Are you attaching any documents?	(U	Yes	\cup	No
	If Yes, please list them:					

DECLARATION

- (a) I/We agree to The Company acting through their agents at Delta obtaining personal information about me/us that is, in The Company's or Delta's view, relevant to this claim from any other party including members of the Insurance Industry and Insurance Claims Register Limited (ICR Ltd).
- (b) I/We am/are authorised to complete this form on behalf of the Insured.
- (c) The information given above is correct and complete to the best of my/our knowledge and belief.
- (d) I/We have not withheld any material information which may affect Delta's assessment of this claim.
- (e) I/We authorise the use of this information (and any further information supplied by me/us/the insured during the course of the claim) by Delta to assess and administer this claim.
- (f) I/We authorise the disclosure of this information by Delta to its advisers, reinsurers and other insurers.
- (g) I/We understand that I/We/the insured have certain rights of access to and correction of this information.

Full name	& title	of ind	dividu	al:
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Signature of Policyholder:	Date:

LOSS SCHEDULE:

Delta requires proof of ownership eg. photos, receipts,

Description (include make and model):	Purchased new?	Current purchase price:	Age of item:	Place of purchase:	Repairable?
	○ Yes ○ No				○ Yes ○ No
	O Yes O No				○ Yes ○ No
	○ Yes ○ No				○ Yes ○ No
	O Yes O No				○ Yes ○ No
	O Yes O No				○ Yes ○ No
	O Yes O No				○ Yes ○ No
	O Yes O No				○ Yes ○ No
	O Yes O No				○ Yes ○ No
	O Yes O No				○ Yes ○ No
	O Yes O No				○ Yes ○ No
	O Yes O No				○ Yes ○ No
	O Yes O No				○ Yes ○ No
	○ Yes ○ No				○ Yes ○ No

If an item is damaged, please provide a damage report confirming it is repairable and the cause of damage.

If an item is repairable, please include a placement quote to repair/replace.

Please return this completed form to

Delta Insurance New Zealand Limited, P.O. Box 106 276, Auckland 1143. Email propertyclaims@deltainsurance.co.nz, Tel 0800 260 079



Lloyd's is a member of the Insurance Council of NZ and we adhere to the Fair Insurance Code, which provides you with assurance that we have high standards of service for our customers.