

# General Claim Form WITHOUT PREJUDICE



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## INSURED DETAILS

Name of Insured ..... ..... Contact Numbers: Home (0 ) ..... Business (0 ) ..... Mobile (0 ) ..... Fax (0 ) ..... Email Address ..... .....	Present Postal Address ..... ..... ..... Type of policy ..... Client Ref. ..... Policy No. ..... Insurer ..... Claim No. .....
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## FOR LOSS OR DAMAGE

Where did the loss or damage happen? ..... ..... ..... When did it happen happen? (please give date and time) ..... ..... Name and Address of person causing damage? ..... ..... ..... ..... ..... .....	Description (including cause of loss or damage) ..... ..... ..... ..... ..... ..... ..... ..... .....
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## FOR THEFT/BURGLARY

You must immediately inform the police if property has been lost or if you suspect burglary, theft, arson, malicious damage or any other criminal act that has caused the damage or loss.

If Theft/Burglary, between what hours?	a.m/p.m and	a.m/p.m
.....	.....	.....
If reported to Police – Date reported	Police file number	Attach Police acknowledgement form and Police report if applicable
.....	.....	.....
When was the loss discovered and by whom? .....		
How was entry to the premises effected and was any damage caused in gaining entry? .....		
Has a list of stolen items been given to the police? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has any of the property been recovered? <input type="checkbox"/> Yes <input type="checkbox"/> No

## OTHER PARTICULARS

Are you the sole owner of property damaged or stolen?  Yes  No  
 .....  
 If no, please name any other interested party (eg. Mortgagee, Trustee, etc):  
 .....  
 Details of other insurances covering the property claimed for  
 .....  
 If the premises are not owned by you, does the lease make you responsible for repairing any damage?  Yes  No  
 If yes, please attach a copy of the applicable agreement.  
 .....  
 Have you had a loss or made any claim against any Insurance Company in the past 5 years (regardless of the amount), or ever had a loss exceeding \$5,000? If yes, please supply details including Insurer's name.  
 .....  
 .....

