



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.

**POLICY DETAILS**

- 1 Name of Insured:
- 2 Policy/Claim Number:
- 3 Address:
- 4 Contact name:
- 5 Email: Phone:

**CLAIM DETAILS**

**Please 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 if you prefer.
  
- 10 Does someone other than you own any of the damaged property/assets?  Yes  No  
If Yes, please provide details:
  
- 11 Do you know who was responsible for the loss?  Yes  No  
If Yes, please provide details:
- 12 Is there finance on any of the property/assets claimed for?  Yes  No  
If Yes, please provide details:

**OTHER INFORMATION**

- 13 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 similar circumstances arising again?
  
- 15 Are you attaching any documents?  Yes  No  
If Yes, please list them:

16 Any further comments/information:

**DECLARATION/PRIVACY ACT 2020**

- (a) I/We are authorized to complete this form on behalf of the Insured.
- (b) I/We declare that to the best of my/our knowledge and belief these particulars are complete and correct.
- (c) If any Personal Information is provided, I/We acknowledge that it will be collected, held, used and disclosed by Delta Insurance New Zealand Limited including where provided directly or indirectly (for example via insurance brokers). Further details on the use of Personal Information and access and correction rights, are set out in the Delta Insurance New Zealand Limited <https://deltainsurance.co.nz/privacy-policy>
- (d) I/We agree to give any further information that may be required

Full name & title of individual:

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?
	<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No
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	<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> 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](mailto: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.