

# Notification Form



Delta Property Insurance Limited. Level 8, 57 Fort Street, Auckland 1010. PO Box 106 276, Auckland 1143. Tel 09 300 3079  
www.deltainsurance.co.nz

## Material Damage and Business Interruption Insurance

### Important information

Use this notification form to notify claims on Delta Property Insurance Material Damage and Business Interruption policies.

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

### Policy details

Name of Insured: \_\_\_\_\_

Policy/Claim Number: \_\_\_\_\_

Address: \_\_\_\_\_

Contact name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Claim details

*Please also complete the Loss Schedule on page 4 of this form\**

When did the loss occur? Date \_\_\_\_\_ Time: \_\_\_\_\_

Where did the loss occur? Address: \_\_\_\_\_

How much is being claimed from you? \_\_\_\_\_

What happened and how did the loss occur? **You may attach a separate document if you prefer.**

Does someone other than you own any of the damaged property/assets?

Yes/No

If **Yes**, please provide details:

Do you know who was responsible for the loss?

Yes/No

If **Yes**, please provide details:

Is there finance on any of the property/assets claimed for?

Yes/No

If **Yes**, please provide details:

**Other information**

Do you have any other insurance policies which may cover this claim?

Yes/No

What risk management steps have you taken / are you planning to take to prevent similar circumstances arising again?

Are you attaching any documents?

Yes/No

If **Yes**, please list them:

Any further comments/information:

**Declaration**

- (a) I/We agree to The Company acting through their agents at Delta Property Insurance obtaining personal information about me/us that is, in The Company's or Delta Property'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 Property Insurance'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 Property Insurance to assess and administer this claim.
- (f) I/We authorise the disclosure of this information by Delta Property Insurance 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.

Signature of Principal, Partner or Director:

\_\_\_\_\_

Full name of individual completing this form: \_\_\_\_\_

Date: \_\_\_\_\_



**Delta Property Insurance Limited's claims services are provided by Cunningham Lindsey**

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