

Delta Insurance New Zealand Ltd. Level 8, 57 Fort Street, Auckland 1010. PO Box 106 276, Auckland 1143. Tel 09 300 3079 deltainsurance.co.nz

Material Damage and Business Interruption

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

- 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 4 of this form* (what does the asterisk refer to?)

- 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

- (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: / /

Loss schedule:

Delta Property Insurance 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
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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.

Delta Property Insurance Limited's claims services are provided by Sedgwick New Zealand Limited.

Level 5, Metlife Care Building, Corner Kent and Crowhurst Street, Newmarket, Auckland 1023. PO Box 335 Shortland Street, Auckland 1140. Tel (09) 520 4444 aucklandclaims@cl-nz.com



We are a member of the Insurance Council of New Zealand and adhere to the Fair Insurance Code which provides you with assurance that we have the highest standards of service for our customers.