

Household removal

Claim form

Lumley, a business division of IAG New Zealand Limited, Lumley Centre, 88 Shortland Street, PO Box 2426, Auckland 1140, New Zealand **Tel** 09 308 1100 **www.lumley.co.nz**

Insured details The company does not admit liability	by the issue of this form						
Claimant:							
Address:							
Telephone no: (h)	(w)	(mob)					
Email address:							
Policy/certificate number:	number: Insurance broker (if applicable):						
Mode of transport:	Date transit commenced: / /						
Other details							
Removal company:							
Full particulars of the circumstances c	causing the loss or damage (list details of loss or	n the reverse):					
	/						
When was loss or damage discovered							
Did you sign for any of the goods as o		find by you in an att	tompt to local	the goods This w	rould		
If the claim is in respect of missing items, please provide the names of all parties notified by you in an attempt to locate the goods. This would include where applicable, the removal company, ship owners, road carriers and the like:							
Result of claim against any third partie	es who may have been responsible for the loss	(attach all correspor	ndence):				
1							
Estimated total sound value of all goo	ods in the entire shipment before loss or damag	e:					
Schedule of Loss please provide	de quotes/estimates if available						
	•						
Full description of article	Nature of loss or damage	Approximate	Value NZ\$	Deduction for	Net amount		
Full description of article	·	Approximate purchase date	Value NZ\$	Deduction for wear & tear NZ\$	Net amount claimed NZ\$		
Full description of article	·		Value NZ\$				
Full description of article	·		Value NZ\$				
Full description of article	·		Value NZ\$				
Full description of article	·		Value NZ\$				

Full description of article	Nature of loss or damage	Approximate purchase date	Value NZ\$	Deduction for wear & tear NZ\$	Net amount claimed NZ\$
		Totals			

Pursuant to the Privacy Act 1993

The following is brought to you attention:

- (a) This claim form collects personal information about You;
- (b) The collection of this information is required pursuant to the terms of Your insurance policy;
- (c) The information is collected to evaluate Your claim;
- (d) The failure to provide this information may result in Your claim being declined;
- (e) The intended recipient of the information is Lumley;
- (f) Lumley may pass Your personal information on to Insurance Claims Register Limited ('ICR') for inclusion in the Insurance Claims Register, for general claims and underwriting purposes;
- (g) You acknowledge that any ICR participant may access this personal information by way of enquiry to the ICR.
- (h) You have the right of access to and correction of this information in accordance with the Privacy Act 1993

Declaration

Note: Failure to provide full and truthful information could result in the claim being declined.

I/We agree that should there be any dispute over payment of this claim, the company shall be entitled to submit the dispute to arbitration.

I/We declare the information given in this form to be correct.

I/We authorise the disclosure of personal information held by any other party regarding this claim.

I/We agree to Lumley releasing to other parties personal information regard this claim.

Insured(s) signature:	Title:
Insured(s) signature:	Title:
Date: / /	