Hurford Parker Insurance Brokers

General Claim Form

Please answer every question — if a question does not apply, write N/A rather than leaving it blank.

CLAIM DETAILS (OFFICE USE)

Claim number		Policy number
Client number		Insurance company
Due date		Excess
Branch		
Premium paid	◯ Yes ◯ No	

1. TYPE OF CLAIM

Type of claim	◯ Personal	◯ Commercial
Loss type *e.g. burglary, fire, flood*		

2. POLICYHOLDER

Full name of insured		
Postal address		
Occupation		Employer
Email address		
Telephone number	Day	Night
Bank account name and number for direct credit payment		

3. CIRCUMSTANCES OF LOSS

Please complete this section in all cases.

Date of loss

Day of the week

Time

Where did the loss occur?

Please explain what happened

Is there any other insurance with any company relating to this loss?

Yes No

If yes, please give particulars

Was the loss caused by another person?

Yes No

If yes, their name and address

Have you claimed against any insurer in the past 5 years?

Yes No

If yes, please give details including the company name

4. PROPERTY LOSS OR DAMAGE

Complete this section in all cases relating to property loss or damage.

Are you the sole owner of the property concerned?

Yes No

If no, details of the other interest and the party concerned

Burglary, loss or theft claims

Police station reported to

Date reported

Is the Police complaint acknowledgement form attached?

Yes No

If a burglary, what was the means of entry to the premises?

Property schedule

In the case of loss, please attach proof of ownership or purchase receipts, and quotes for replacement cost, to save delays.

Description of property lost or damaged	Date purchased	Price	Present cost of replacement	Depreciation for age and condition	Value of salvage (if any)	Amount claimed

5. GLASS BREAKAGE

If you are the tenant of commercial premises, please provide proof that you are liable under the terms of your lease.

Description (plain, plate, etc.)	Height	Width	Where fixed (window, door, etc.)

6. PUBLIC LIABILITY

Name and address of the owner of the property damaged

Telephone number

Their insurance company, if known

Was the owner known to you?

If so, in what capacity?

Has a claim been made on you?

◯ Yes ◯ No

If yes, please advise details

7. WITNESSES

Names and addresses of any witnesses to the accident.

Witness 1 — name

Phone

Address

Witness 2 — name		Phone
Address		
Witness 3 — name		Phone
Address		

PRIVACY STATEMENT

Pursuant to the Privacy Act 2020 the following is brought to your attention: (a) this claim form collects personal information about you; (b) the information is collected to evaluate your claim; (c) the intended recipient of the information is the insurer named below (hereinafter called "the Company") and is held by them at their head office; (d) the collection of this information is required pursuant to the terms of your insurance policy; (e) failure to provide this information may result in your claim being declined; (f) you have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 2020. Our full Privacy Policy, dated 1 May 2026, is available at hurfordparker.co.nz.

DECLARATION

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

I/We agree to the Company disclosing my/our personal information regarding this claim to: (a) other parties, including other members of the insurance industry and the database of the Insurance Claims Register (ICR Ltd), where it will be retained and made available to other insurance companies to inspect; (b) parties who have a financial interest in the subject matter of the policy and parties repairing or replacing the subject matter of the claim; (c) I/We understand that I am/we are entitled to certain rights of access to, and correction of, the personal information held by the Company and ICR Ltd. I/We agree to the Company obtaining personal information about me/us that is, in the Company's view, relevant to this claim, from any other party including other members of the insurance industry and from Insurance Claims Register Ltd (ICR Ltd), which holds details of claims made by me/us under policies with other insurers. To the best of my knowledge all the information and answers (whether written or oral) given to the Company in connection with this claim are correct, and no information relevant to the claim has been omitted.

Insured's signature	Type full name	Date
If signing for a company, state your position or capacity		

STATUTORY DECLARATION

Complete this section only if the claim is for burglary, theft or loss.

I hereby declare that the answers given above are in every respect correct, and I make this solemn declaration conscientiously believing the same to be true, by virtue of the Oaths and Declarations Act 1957.

Signature	Type full name		
Declared at			
This day of		Month	Year
Before me *Justice of the Peace, solicitor or other authorised person*			