

[illegible]

Public Liability:

Name and address of owner of property damaged:.....
 Phone No:.....
 Insurance Company (if known):
 Was the owner know to you?
 In what capacity?.....

- 1) Has a claim been made against you? Yes / No

If 'yes' advise details:.....

- 2) Names and addresses of witnesses of accident:

- 3) Name/Address:..... Phone:.....

Name/Address:..... Phone:.....

Name/Address:..... Phone:.....

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

- 1) *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 data base of the Insurance Claims Register (ICR Ltd) Po Box 474 Wellington, 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 have certain rights of access to and correction of the personal information held by The Company and ICR Ltd.

- 2) *I/We agree to The Company obtaining personal information about me/us that is, in The Company's view, relevant to this claim.*

- a. 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.

All the information and answers (whether written or oral) given to the Company in connection with this claim are correct and that no information relevant to the claim has been omitted. I/We authorise The Company to act on my/our behalf.

Insured Signature:..... Date:.....

If company, state capacity:.....