

Claim Form | Accidental Loss

See Guide to Lodging a Claim overleaf

Policy No:

Name of Insured:

Email Address:

Phone No:

Address:

Insured Equipment Details:

Manufacturer & Model:

Serial No:

Claim Details:

Time and Date of Loss:

Last Known Location:

Describe how the loss occurred:

What steps were taken to recover the item(s)?

Police Notification - Station:

Time & Date:

Officer's Name:

Event/Report No:

Please see overleaf...



Settlement Details

Once your claim has been assessed and if approved, we will transfer the funds directly to your bank account. Please provide us with the following details:

Bank Name: _____ BSB: _____

Account Name: _____ Account No: _____

Declarations

I/We acknowledge that I/We have read and understood the Privacy Act information at www.protectsure.com.au and consent to the collection, storage, use and disclosure of my/our personal and sensitive information so that Protectsure, as agent for Chubb will be able to process my/our claim.

I/We the Insured do solemnly and sincerely declare that I/we have complied with the conditions and warranties (if any) of the Policy and in no manner deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or willful misrepresentation and that the information shown on this form is true and that I/we have not concealed any information relating to this claim.

Further, it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the Company any sum which may have been paid to me/us in the respect to such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.

Signature of Insured: _____

Date: _____

Print Name: _____

Protectsure Pty Ltd ABN 26 094 997 163, AFSL 238815 / NZBN 9429030878495, FSP 3661771

is an underwriting agency for

Chubb Insurance Company of Australia Limited ABN 69 003 710 647, AFSL 239778 / NZBN 9429041191279, FSP 5138161



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Guide To Lodging A Claim

Accidental Loss

General Guidelines

- It is important that you do not authorise, or proceed with replacement of the equipment until your claim has been assessed.
- The claim form must be submitted with a quote for replacement of the equipment.
- All sections of the claim form must be filled-in with as much detail as possible and signed by the user.
- If the actual date of the loss is not known, then a date range should be supplied to show when it could have occurred
- Excess payments are to be made to the supplier unless otherwise agreed with Protecsure

How to Lodge Your Claim

Please return the claim form overleaf to Protecsure together with:

- Proof of purchase, and
- Quote for replacement

Email: claims@protecsure.co.nz | **Other Contact Details:** See below

Please Note: The information provided in this document is for information purposes only. It is not intended to bind the Insurer in any way. Please refer to your policy wording for full details of your cover and exclusions.

