



**ace insurance**

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# General CLAIM FORM

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## **INSTRUCTIONS TO PROPOSER**

**To assist us to consider your claim as soon as possible please complete ALL questions in full.**

The personal information collected on this Claim Form will be held by ACE Insurance Limited and you have rights of access to and correction of this information under the Privacy Act 1993.

**IMPORTANT: To assist the early settlement of your claim, please attach repair and/or replacement invoices.**

## **About ACE New Zealand**

ACE Insurance Limited (New Zealand) is a member of the ACE Group of Companies®, a global leader in insurance and reinsurance with offices in more than 50 countries worldwide. ACE New Zealand has a financial strength rating of 'A' (Strong)\* which was given on 1 October 2007 by Standard & Poor's (Australia) Pty Ltd, an approved company under the Insurance Companies (Ratings and Inspections) Act 1994. ACE New Zealand offers broker-based corporate property and casualty business, group personal accident and corporate travel products. In each area of specialty, ACE in New Zealand leverages global expertise and local acumen to create specific solutions to mitigate client risks. With a focus on building strong relationships by offering responsive service, ACE New Zealand's clients range from large multinational companies to local corporates.



# GENERAL CLAIM

1. Name of Insured .....
- Postal Address .....
- Business Telephone .....
- Home Telephone .....
2. Your Broker .....
- Address of Broker .....
3. Date of Event: .....between .....am / pm and .....am/pm
4. Where did the event occur? .....
- .....
5. What happened, how did it happen and why? .....
- .....
- .....
- .....
6. If your claim is for loss by Burglary, describe the method of entry.....
- .....
- .....
7. Name(s) and address(es) of person(s), if any, responsible .....
- .....
8. Name(s) and address(es) of witness(es), if any, .....
- .....
9. Have the Police been notified? ..... If so, which Station? .....Date reported?.....  
(Police must be notified of Burglary or Theft and should be asked for a formal acknowledgement).
10. What action has been taken to prevent a recurrence of this loss/damage? .....
- .....
11. Details of any salvage .....
- .....
12. Are you the sole owner of the property which is the subject of the claim? Yes  No



## GENERAL CLAIM

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13. Is there any other insurance on the property which is the subject of this claim? Yes  No

(If "Yes", please supply full details).

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.....

14. Have you ever had a claim against any Insurance Company declined? Yes  No

(If "Yes", please supply full details).

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.....

15. Have you ever had any Insurance declined? Yes  No

(If "Yes", please supply full details).

.....  
.....  
.....

**NB: PLEASE COMPLETE THE SCHEDULE AND DECLARATION ON THE BACK**





## GENERAL CLAIM

### DECLARATION

I/WE declare that to the best of my/our knowledge, the above are true statements of fact and that I/WE have not caused the loss/damage or by any fraud or wilful misrepresentation sought unjustly to benefit by the loss/damage and that the information detailed in the Schedule is a true and faithful account of the actual loss/damage.

I/WE agree to notify ACE Insurance Limited immediately if any of the lost or stolen property mentioned in this claim is subsequently recovered, and at ACE's option surrender the property to ACE Insurance Limited or refund the amount of money received by way of compensation for the property.

### PRIVACY CONSENT

ACE Insurance Limited ("ACE") collects, uses and retains your personal information only in accordance with the principles in the Privacy Act 1993. A copy of our Privacy Statement, which expands upon our privacy obligations and provides further information on your rights to access your personal information held by us is available on our website or by contacting our Privacy Officer on +64 (9) 3771459.

Your personal information will be used by ACE, or any third party that ACE provides the information to, for the purpose of assessing your claim or your entitlement to benefits and, if the claim is accepted, for administration of the claim and for planning, product development and research purposes.

Your personal information includes:

- (a) any information provided in relation to your claim;
- (b) any information that is health information or sensitive information;
- (c) any other personal information that you may provide to ACE or its third party contractors;
- (d) any information relating to the insurance policy on your life, including terms and conditions and claims history;
- (e) details of your employment including position, period of employment, remuneration, hours worked and duties performed; and
- (f) any other information relating to your income and solvency.

To process your claim ACE may need to collect your personal information from third parties such as your insurance broker, claims reference services, government organisations (for example social security agencies or taxation offices), any forensic accountant retained by ACE, your employers (past and present), your accountant and any businesses which provide information about the commercial activities of persons or, if you are, or have been, bankrupt the trustee of your estate (the "Parties"). You agree that the Parties may disclose your personal information to ACE.

ACE may disclose your personal information, including health and sensitive information, to third parties, including contractors and contracted service providers engaged by us to deliver our services (such as assessors), other companies in the ACE group, other insurers, our reinsurers, and government agencies (where we are compelled to by law). These third parties may be located outside New Zealand. ACE may also disclose your personal information to witnesses in respect to your claim.

You agree to us using and disclosing your personal information pursuant to ACE's Privacy Statement and this Claim Privacy Consent. In the event of any conflict between the documents, this Claims Privacy Consent shall be determinative. This consent remains valid unless you alter or revoke it by giving written notice to our privacy officer.

If you do not consent to the terms of this Claims Privacy Consent or revoke your consent, ACE may not be able to process or assess your claim.

Signature of Insured: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Name of Witness: \_\_\_\_\_

Date: \_\_\_\_\_