

General

Claim Form

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 Chubb Insurance New Zealand Limited and you have rights of access to and correction of this information under the *Privacy Act 1993*.

It is important you provide honest, complete, up-to-date and relevant information when completing this form.

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

Policy and Claimant Details						
1. Name of Insured	FABRIK SOLUTIONS LIMITED					
Postal Address	3/1A PRANGLEY AVENUE					
Telephone - Home		Business		Mobile	02040577777	
2. Your Broker	OMNI INSURANCE					
Address of Broker	LEVEL 2A PACIFIC RISE, MT WELLINGTON, AUCKLAND					
3. Date of Event	29/03/2018	Between	6:30	am/pm and	7	am/pm
4. Where did the event occur?	5 RIMU STREET, NEW LYNN, AUCKLAND, 0600.					
5. What happened, how did it happen and why?						
→ There was Burglary happened on 29/3/2018, at 5 Rimu Street, the Strangers broke the Glass of van on the passenger side & has stolen all the Expensive Equipments in the van.						
6. If your claim is for loss by Burglary, describe the method of entry				The Strangers broke the Left side of the Glass on (Passenger side) and has stolen all the Equipments in the van.		
7. Name(s) and address(es) of person(s), if any, responsible				NO		
8. Name(s) and address(es) of witness(es), if any				NO		
9. Have the Police been notified?		If Yes, so, which Station?		Date		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		CALL TO 111		29/03/2018.		
(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?						
→ Has Changed the Parking place,						


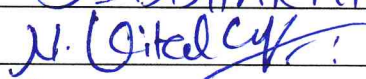
11. Details of any salvage	NO
12. Are you the sole owner of the property which is the subject of the claim?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13. Is there any other insurance on the property which is the subject of this claim?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please supply full details.	VEHICLE INSURANCE BY OMNI INSURANCE
14. Have you ever had a claim against any Insurance Company declined?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes", please supply full details.	No
15. Have you ever had any Insurance declined?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes", please supply full details.	

Note: Please complete the Schedule and Declaration on the back

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 Chubb Insurance New Zealand Limited immediately if any of the lost or stolen property mentioned in this claim is subsequently recovered, and at Chubb's option surrender the property to Chubb Insurance New Zealand Limited or refund the amount of money received by way of compensation for the property.

Signature of Insured		Date	03/04/2018
Name of Insured	SIDDHARTHA DOMA		
Signature of Witness		Date	03/04/2018
Name of Witness	Gital Mallapati		

When filling in this form, please write clearly using CAPITAL LETTERS.

Schedule

[illegible]

Chubb Insurance New Zealand Limited Claim Privacy Consent, Medical Authority and Declaration

Claim Privacy Consent

Chubb Insurance New Zealand Limited (Chubb) 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) 377 1459.

Your personal information will be used by Chubb, or any third party that Chubb 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 or any associated complaint and for planning, product development and research purposes.

Your personal information includes:

- a) any information provided in relation to your claim or any associated complaint;
- b) any information that is health information or sensitive information;
- c) any other personal information that you may provide to Chubb 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 Chubb 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 Chubb, 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 Chubb.

Chubb 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 within the Chubb Group, other insurers, our reinsurers, and government agencies (where we are compelled to by law). These third parties may be located outside New Zealand. Chubb 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 Chubb'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, Chubb may not be able to process or assess your claim.

If you would like to access a copy of your personal information, or to correct or update your personal information, please contact our Privacy Officer on +64 (9) 377 1459 or email Privacy.NZ@chubb.com.

Medical Authority and Declaration


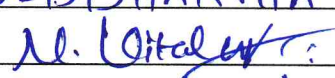
I understand that by investigating my claim or by accepting proofs of my claim, Chubb has made no acceptance of liability, nor waived any of its rights in defence of any claim arising under the policy.

I agree to Chubb using and disclosing my personal information pursuant to Chubb's Privacy Policy and this document. In the event of any conflict between the documents, this document will be determinative. This consent remains valid unless I alter or revoke it by giving written notice to Chubb's privacy officer.

I authorise any person or entity, including but not limited to the Parties referred to above, to provide to Chubb such personal information (including health information) as Chubb in its absolute discretion considers relevant for its assessment of my claim or my entitlement to benefits.

I will use my best endeavours and render all reasonable assistance and co-operation to Chubb in the assessment of my claim. I confirm that any information that I supply will be true and correct and that I will not withhold any information likely to affect the acceptance or handling of my claim. I understand that my claim may be denied if the information supplied is untrue, or I have not revealed all relevant facts.

I appoint Chubb to do everything necessary or expedient to give effect to the transactions contemplated by the consents and authorisations in this document and to execute, on my behalf, any documents or to do such acts required to give effect to this Privacy Consent and Medical Authority.

Signature of Insured		Date	03/04/2018
Name of Insured	SIDDHARTHA DOMA		
Signature of Witness		Date	03/04/2018
Name of Witness	Uital Mallapati		

About Chubb in New Zealand

Chubb is the world's largest publicly traded property and casualty insurance company. With operations in 54 countries, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. The company is distinguished by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength, underwriting excellence, superior claims handling expertise and local operations globally. Parent company Chubb Limited is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index. Chubb maintains executive offices in Zurich, New York, London and other locations, and employs approximately 31,000 people worldwide.

Chubb's operation in New Zealand (Chubb Insurance New Zealand Limited) offers corporate Property & Casualty, Group Personal Accident and corporate Travel Insurance products through brokers. It leverages global expertise and local acumen to tailor solutions to mitigate risks for clients ranging from large multinational companies to local corporates.

More information can be found at www.chubb.com/nz.

Contact Us

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New Zealand Government

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