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**BUSINESS INTERRUPTION LOSS**

What is the nature of your Interruption? Please give details and estimated \$ amount of loss for each item to be claimed

Additional Costs \_\_\_\_\_ \$ \_\_\_\_\_

Loss of Income/ Rents \_\_\_\_\_ \$ \_\_\_\_\_

Other Specify \_\_\_\_\_ \$ \_\_\_\_\_

**\*\* Please attach a separate sheet if insufficient space**

**OTHER INSURANCE:**

Was there any other insurance covering the property at the time of the loss? YES/NO

If yes, name & address of insurer & policy particulars

**PREVIOUS CLAIMS**

Has there ever been any previous loss to property? YES/ NO

**THEFT? YES NO - LOSS? YES/NO - DAMAGE? YES / NO** Specify amount of loss to Your Company \$ \_\_\_\_\_

Was a Claim made on any Insurer YES/NO Amount paid by the Insurer \$-\_\_\_\_\_

Insurer's name/ location

**PRIVACY CONSENT AND DISCLOSURE DECLARATION**

I/we (print name/s in full) \_\_\_\_\_  
 with full authority of the insured declare on behalf of the insured that the answers above and contained in any other information referred to, are true and I/we acknowledge that American Home Assurance Company (New Zealand Branch) ('AHAC NZ') may rely on such answers in determining indemnity. I/we have not concealed any material fact relating to this circumstance.

I/we undertake to render AHAC NZ every assistance in my/our power in dealing with the matter. I/we understand and acknowledge that failure to cooperate with AHAC NZ and to provide all information relevant or potentially relevant to the circumstance for the efficient conduct of their assessment of indemnity or management of any claim or potential claim which may arise from the circumstance, may result in my/our claim being denied.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position of Authority \_\_\_\_\_

Broker Name and Address : \_\_\_\_\_

**PRIVACY**

**IMPORTANT**

*American Home Assurance Company ('AHAC NZ') treats all matters about our insureds as confidential and will only disclose such information externally if necessary to administer, investigate or manage a claim, unless otherwise required by law. In accordance with The Privacy Act 1993 however we are required to obtain consent for the collection and disclosure of personal information.*

I/we \_\_\_\_\_

consent to AHAC NZ, in accordance with the *Privacy Act 1993*:

1. collecting holding and using any personal information submitted with this form for the purposes of administering a claim including investigating, assessing and paying any claim made by me/us or on my/our behalf;
2. disclosing personal information submitted to another member of the AIG group of companies in New Zealand or overseas , their staff members located outside New Zealand, the insured, other insurers and re-insurers, insurance reference bureaus, law enforcement agencies, investigators, lawyers, assessors, repairers, specialist investigators or advisors and the agent of any of these, insurance broker, insurance agent or intermediary for the purpose of administering my/our claim or providing a report.
3. Where I/we have provided information about another individual, I/we have ensured that individual has consented to the above.

Information is provided voluntarily, however if we do not collect this information we may not be able to process a claim. Insured persons have rights of access and correction to their personal information under the *Privacy Act 1993*. Further information about this or making a privacy complaint can be obtained by emailing [Privacy.OfficerNZ@aig.com](mailto:Privacy.OfficerNZ@aig.com)

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_