

# Property Claim Form

## Instructions

To assist us to consider your claim as soon as possible please complete all questions in full to the extent relevant and attach any relevant invoices and other documents to support your claim.

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

The issue and acceptance of this claim form does not constitute an admission of liability by Chubb Insurance New Zealand Limited (Chubb) or a waiver of its rights.

Once completed, use the “submit” button to submit your form. A new email will open automatically with your completed form attached. Please attach any supporting documentation and email it to [nz.claims@chubb.com](mailto:nz.claims@chubb.com).

## Details

|  |  |                 |  |     |  |
|--|--|-----------------|--|-----|--|
| 1. Name of Insured:                          |  |                 |  |     |  |
| Policy Number:                               |  |                 |  |     |  |
| Postal Address:                              |  |                 |  |     |  |
| Business Telephone:                          |  | Home Telephone: |  |     |  |
| 2. Your Broker:                              |  |                 |  |     |  |
| Address of Broker:                           |  |                 |  |     |  |
| 3. Date of Event:                            |  | between         |  | and |  |
| 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? <i>(Police must be notified of Burglary or Theft and should be asked for a formal acknowledgement).</i> |  |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, which Station?  |  | Date reported? |  |

  

|   |
|---|
| 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?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Is there any other insurance on the property which is the subject of this claim? If Yes, please supply full details: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

  

|   |  |
|---|--|
| 14. Have you ever had a claim against any Insurance Company declined? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Have you ever had any Insurance declined?                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

  

**Electronic Funds Transfer Details**

Following Chubb approval of your claim, should you wish to have your claim benefits transferred directly into your bank account, please provide the following details:

**New Zealand Bank Account Details**

|                               |  |                       |  |
|-------------------------------|--|-----------------------|--|
| Name of Financial Institution |  | Account Holder's Name |  |
| Account Number                |  |                       |  |
| Bank Address                  |  |                       |  |

**Overseas Account Details**

|   |  |                       |  |
|---|--|-----------------------|--|
| Name of Financial Institution           |  | Account Holder's Name |  |
| BSB Number/Routing Code/ABA Number/IBAN |  | Account Number        |  |
| Bank Address                            |  |                       |  |
| Currency for Refund                     |  | SWIFT Code            |  |

**NB: Please complete the Schedule on page 3 and declaration on page 4 of this form.**

[illegible]

Claim  
Settlement \$

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

### Claim Privacy Consent

I/ we:

- understand that Chubb Insurance New Zealand Limited CUI-3, Shed 24, Princes Wharf, Auckland (Chubb) requires personal information (which may include Health information) so that Chubb can evaluate this claim and administer the insurance policy and that failure to consent to the collection, use and disclosure of personal information may result in the claim being refused in part or in full;
- authorise Chubb to obtain from other parties personal information (which may include Health information) about me/us that Chubb views as relevant to the claim;
- agree to Chubb disclosing to other parties, including but not limited to, service providers engaged by Chubb, the insurance broker, the policy holder (if this differs from the claimant), EQC or reinsurers personal information (including Health information) collected in relation to this claim or the insurance policy;
- understand that I/we have rights of access to, and correction of, personal information held by Chubb; and
- understand that further information about how Chubb collects, uses, discloses and processes my/our information is set out in Chubb's Privacy Policy, available at [www.chubb.com/nz-en/footer/privacy.html](http://www.chubb.com/nz-en/footer/privacy.html).

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](mailto:Privacy.NZ@chubb.com)

### Authority and Declaration

I/ we:

- understand that in evaluating my/our claim or by accepting documents in support of my/our claim, Chubb has made no acceptance of liability nor waived any of its rights;
- confirm that any information that I/we supply will be true, correct and complete and that I/we will not withhold any information likely to accept the acceptance or handling of my/our claim and understand that if I/we provide untrue information or do not disclose relevant information that it might result in my/our claim being declined in part or in full;
- agree to notify Chubb immediately if any lost or stolen property is subsequently recovered, and at Chubb's option surrender the property to Chubb or refund the amount of money received; and
- will give all reasonable assistance to Chubb and co-operate in the assessment of my/our claim.

|                       |  |      |  |
|-----------------------|--|------|--|
| Signature of claimant |  |      |  |
| Name of claimant      |  | Date |  |
| Signature of witness  |  |      |  |
| Name of witness       |  | Date |  |

**Please click to submit your claim form**

**Submit**

### Important Information

In this section "We", "Our" and "Us" means Chubb Insurance New Zealand Limited (Chubb). "You" and "Your" refers to Our customers and prospective customers as well as those who use Our website.

### Claims Process

On receipt of your completed claim form We will take the following steps:

- Acknowledge receipt of Your claim within 5 business days of receipt
- Identify Your insurance policy, register Your claim against it, and assign a claim number
- Review whether any further information may be needed.

If We have all the information We need to assess Your claim then We will review your claim to decide whether or not to accept it. We will let you know if We need further information to assess Your claim.

### Fair Insurance Code

We are a member of the Insurance Council of New Zealand (ICNZ) and a signatory to ICNZ's Fair Insurance Code (the Code). The Code and information about the Code is available at [www.icnz.org.nz](http://www.icnz.org.nz) and on request.



## Privacy Statement

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This statement is a summary of Our privacy policy and provides an overview of how We collect, disclose and handle Your personal information. Our privacy policy may change from time to time and where this occurs, the updated privacy policy will be posted on Our [website](#).

Chubb is committed to protecting Your privacy. Chubb collects, uses and retains Your personal information in accordance with the requirements of New Zealand's Privacy Act, as amended or replaced from time to time.

### Personal Information Handling Practices

#### *When do We collect Your personal information?*

Chubb collects Your personal information (which may include health information) from You when You interact with Us, including when You are applying for, changing or renewing an insurance policy with Us or when We are processing a claim, complaint or dispute. Chubb may also (and You authorise Chubb to) collect Your personal information from other parties such as brokers or service providers, as detailed in Our privacy policy.

#### *Purpose of Collection*

We collect and hold the information to offer products and services to You, including to assess applications for insurance, to provide and administer insurance products and services, and to handle any claim, complaint or dispute that may be made under a policy.

If You do not provide Us with this information, We may not be able to provide You or Your organisation with insurance or to respond to any claim, complaint or dispute, or offer other products and services to You or Your organisation.

Sometimes, We may also use Your personal information for Our marketing campaigns and research, to improve Our services or in relation to new products, services or information that may be of interest to You.

#### *Recipients of the Information and Disclosure*

We may disclose the information We collect to third parties, including:

- contractors and contracted service providers engaged by Us to deliver Our services or carry out certain business activities on Our behalf (such as actuaries, loss adjusters, claims investigators, claims handlers, professional advisers including lawyers, doctors and other medical service providers, credit reference bureaus and call centres);
- intermediaries and service providers engaged by You (such as current or previous brokers, travel agencies and airlines);
- other companies in the Chubb group;
- the policyholder (where the insured person is not the policyholder);
- insurance and reinsurance intermediaries, other insurers, Our reinsurers, marketing agencies; and
- government agencies or organisations (where We are required to by law or otherwise).

These third parties may be located outside New Zealand. In such circumstances We also take steps to ensure Your personal information remains adequately protected.

From time to time, We may use Your personal information to send You offers or information regarding Our products that may be of interest to You. If You do not wish to receive such information, please contact Our Privacy Officer using the contact details provided below.

#### *Rights of Access to, and Correction of, Information*

If You would like to access a copy of Your personal information, or to correct or update Your personal information, want to withdraw Your consent to receiving offers of products or services from Us or persons We have an association with, please contact the Privacy Officer by posting correspondence to Chubb Insurance New Zealand Limited, PO Box 734, Auckland; telephoning: +64 (9) 3771459; or emailing [Privacy.NZ@chubb.com](mailto:Privacy.NZ@chubb.com).

#### *How to Make a Complaint*

If You have a complaint or would like more information about how We manage Your Personal Information, please review Our [Privacy Policy](#) for more details, or contact Our Privacy Officer at the details above.

You also have a right to address Your complaint directly to the Privacy Commissioner by telephoning 0800 803 909, emailing [enquiries@privacy.org.nz](mailto:enquiries@privacy.org.nz) or using the online form available on the Privacy Commissioner's website at [www.privacy.org.nz](http://www.privacy.org.nz).

## Complaints and Dispute Resolution

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Chubb takes the concerns of its customers very seriously and has detailed complaint handling and dispute resolution procedures that You may access, at no cost to You. To assist Chubb with Your enquiries, please provide us with Your claim or policy number (if applicable) and as much information as You can about the reason for Your complaint or dispute.

Chubb's complaints and dispute procedures are as follows:

### **Stage 1 - Complaint Handling Procedure**

If You are dissatisfied with any of Chubb's products or services and You wish to lodge a complaint, please contact us via:

E [Complaints.NZ@chubb.com](mailto:Complaints.NZ@chubb.com)

O 0800 422 346

F +64 9 303 1909

Post:

The Complaints Officer

Chubb Insurance New Zealand Limited

PO Box 734

Shortland Street

Auckland 1140

### **Stage 2 - Dispute Resolution Procedure**

If You are dissatisfied with Chubb's response to Your complaint, You can advise that You wish to take Your complaint to Stage 2 and referred to Chubb's dispute resolution team. Chubb's internal dispute resolution team can be contacted via:

E [DisputeResolution.NZ@chubb.com](mailto:DisputeResolution.NZ@chubb.com)

O +64 9 377 1459

F +64 9 303 1909

Post:

Internal Dispute Resolution Service

Chubb Insurance New Zealand Limited

PO Box 734

Shortland Street

Auckland 1140

### **Stage 3 - External Dispute Resolution**

Chubb is a member of an independent external dispute resolution scheme operated by Financial Services Complaints Limited (FSCL) and approved by the Ministry of Commerce & Consumer Affairs. Subject to FSCL's Terms of Reference, if You are dissatisfied with Our dispute determination or We are unable to resolve Your complaint or dispute to Your satisfaction within two months You may contact FSCL via:

Postal address: PO Box 5967, Lambton Quay, Wellington 6145

O 0800 347 257 (Call Free for consumers) or +64 4 472 FSCL (472 3725)

F +64 4 472 3728

E [info@fscl.org.nz](mailto:info@fscl.org.nz)

W [www.fscl.org.nz](http://www.fscl.org.nz)

Please note if You would like to refer Your complaint or dispute to FSCL You must do so within 2 months of the date of Our dispute determination.

Further details regarding Our complaint handling and dispute resolution procedures are available from Our website and on request.

### **Contact Us**

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[www.chubb.com/nz](http://www.chubb.com/nz)

Company No. 104656

Financial Services Provider No. 35924

**Chubb. Insured.<sup>SM</sup>**