

The supply or acceptance of this form is not an admission of liability on the part of AM&T New Zealand.

Once completed this form and attachments can either be scanned and sent by email to marine@allianz.co.nz or posted to the address shown below.



Insured's Details

Name of insured _____
Contact person _____
Telephone no. Home () _____ Work () _____ Mobile no. _____
Email _____
Postal address _____
Postcode _____
Policy no. _____

Should a survey be required, our appointed surveyor will contact the person shown above, unless you advise an alternative contact.

GST

Are you registered for GST purposes? Yes No

GST Number _____

Incident Details

When did incident occur? Date ____ / ____ / ____ Time _____

Place of incident _____

Description of the incident _____

Details of Third Party Vessel/Property

Vessel or Property owner's name _____

Address _____

Postcode _____

Details of Damage to Insured Vessel/Property

Details of damage _____

Has a claim made against you by a Third Party? Yes No

If Yes, please give details _____

Please provide copies of any correspondence

Where can the damage be inspected? _____

Contact person _____

Telephone no. () _____

Address _____

Postcode _____

Details of any Third Party personal injury _____

Privacy Notice

The Privacy Act 1993 requires us to tell you that as an insurer we collect your personal and sensitive information in order to calculate your loss and entitlements, determine our liability, compile data and handle claims. When handling claims, we may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents or other parties as required by law.

The information is being collected and held by Allianz Australia Insurance Limited at our registered office at Level 11, Tower 1, 205 Queen Street, Auckland, NZ 1010 as well as AM&T, Level 12, 80 Mount Street, North Sydney NSW, Australia 2060.

You have the right to seek access to your personal information and to correct it at any time. Please contact us on 0800 500 115 8.30am-5pm, Monday to Friday and advise us of the changes.

Internal Dispute Resolution Statement

Disputes are not an everyday occurrence at Allianz. However we do provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details. If you are not satisfied with the outcome of this process, we will advise you how to contact our approved external independent dispute resolution scheme (subject to eligibility).

Declaration

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed. I/We acknowledge that I/we have read and understood the privacy information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim, with their approval.

I/We acknowledge that if I/we do not agree to the collection of this personal and sensitive information then Allianz will be unable to process my/our claim.

Signature of Insured _____ Date ____ / ____ / ____

Position _____