



Commercial Loss and/or Damage to Property and/or Business Interruption Claim Form

- The issue of this form is not to be taken as an admission of liability.
- The form should be completed and returned to the AIG immediately.
- Please answer all questions as fully as possible.
- Attach any documents to explain more fully and form part of the statement of answers.

Policy No	<input type="text"/>	Expiry date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Name of Insured as a Legal Entity	<input type="text"/>				
Trade name (if applicable)	<input type="text"/>				
Business Postal Address	<input type="text"/>				
Contact Person:	Name	<input type="text"/>	Position	<input type="text"/>	
	Phone	<input type="text"/>	Email/Fax	<input type="text"/>	

Settlement Details

Payee name

Option 1: Direct credit to NZ bank account. Please complete bank details and account number below

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Option 2 Overseas Bank Transfer

Bank Branch Country

Account details

AIG no longer issues cheques. To confirm transfer of funds, an auto email will be sent to your broker or direct

Email: Broker Payee

I Agree



Property Loss

What was the nature and circumstances of the loss?

Four horizontal text input fields for describing the nature and circumstances of the loss.

What was the property lost or damaged? (Attach list of items if insufficient space)

Four horizontal text input fields for listing the property lost or damaged.

What is your estimated value of loss?

NZ\$ [text input field]

Where was the location of loss or damage?

[text input field]

When did the loss or damage occur?

[date input] / [month input] / [year input] at [time input] am / pm

When was the loss or damage discovered

[date input] / [month input] / [year input] at [time input] am / pm

Who discovered the loss?

Name

[text input field]

Relationship? Eg Passer-by/Coy manager

[text input field]

Theft:

When was it reported to Police?

[date input] / [month input] / [year input] Station [text input field]

Located

[text input field]

Please provide a copy of the police case number or report

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

[text input field] \$ [text input field]

Loss of Income/ Rents

[text input field] \$ [text input field]

Other Specify

[text input field] \$ [text input field]

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

Three horizontal text input fields for providing insurer and policy details.



Previous Claims

Has there ever been any previous loss to property?

Theft? Loss? Damage?

Specify amount of loss to Your Company \$

Was a Claim made on any Insurer 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 AIG Insurance New Zealand Limited ('AIG') 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 AIG every assistance in my/our power in dealing with the matter. I /we understand and acknowledge that failure to co-operate with AIG 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.

I Agree:

Position Title: Date:

Broker Name and Address:

I/We

consent to AIG in accordance with the Privacy Act 2020:

- collecting holding and using any personal information submitted with this form for purpose of administering a claim including investigating, assessing and paying any claim made by me/us or on my/our behalf;
- Disclosing personal information submitted to another AIG company located overseas, its staff members, the insured, other insurers and re-insurers, law enforcement agencies, investigators, lawyers, assessors, advisors and the agent of any of these, insurance broker, insurance agent or intermediary, employer or other service provider to AIG for the purpose of administering my claim, including providing a report, data management and/or data analysis or claims recovery.
- 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 assess the claim. Insured person have rights under the Privacy Act 2020 to access and correct their personal information. Further information about this or making a privacy complaint can be obtained by emailing: Privacy.officerNZ@aig.com

I Agree Date:

