



HERBERT INSURANCE GROUP LIMITED

MATERIAL DAMAGE CLAIM FORM

YOUR DETAILS

Name(s) in full (Joint if applicable)		First name/s		Surname	
1. Mr/Mrs/Miss/Ms/Other					
2. Mr/Mrs/Miss/Ms/Other					
Residential Address					
Postal Address (if different from above)					
Telephone – Private	()	Business	()	Mobile	()

DETAILS OF CLAIM (Complete in all cases)

Date and Time of Accident or Loss			
Situation of the Loss			
Please explain what happened			
Is the property owner/occupied, rented or let to tenants? Please specify which one.			
Is there insurance with any other company relating to this loss? If so, please give details.			
If loss was caused by another person who is not your employee, please give their name, address, and telephone number.			
Have you made any other insurance claims in the past 5 years?	Yes	No	
If Yes, please give details			

GLASS BREAKAGE

If you are the tenant of commercial premises please provide proof that you are liable under the terms of your lease.			
Particulars of Glass Damaged:			
Description (plain, plate, mirrored, etc.)	Height	Width	Position (door, window, etc)

POLICE DETAILS (If Burglary, theft, loss or malicious damage)

a) To which Police Station was the loss reported	
b) Date reported	
c) Attach Police Acknowledgement form	
d) Police file number	

Level 4, 1 Queen Street. PO Box 4040, Auckland, New Zealand Phone (09) 379 9757 Fax (09) 379 9767 Freephone: 0800 40 40 41 www.herbertinsurancegroup.com

