

# Farm Cover Property Claim Form

This form collects personal information about you so we can consider your claim and update your insurances. It will be held by Monument Insurance (NZ) Limited who handles your claim. It may also be held by Lumley, a business division of IAG New Zealand Limited P O Box 2426, Auckland 1140. You may request access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

The collection of this information by Monument Insurance (NZ) Limited is required under the terms of your insurance policy.

Failure to provide this information may result in your claim being declined.

## PERSONAL DETAILS

Name:	Contact Phone:
Email:	Facsimile:
Address:	

## LOSS DETAILS

1. When did the loss occur?	Time:	am/pm	Date:
2. Where did the loss occur?	Street:		Town:
3. What happened and how did it occur?			

If the answer is "Yes" for questions 4 to 7 inclusive please supply full details.

4. Do you know who was responsible for the loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is there finance on any of the property claimed for?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Were the Police notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is there other insurance on this property?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## LOSS SCHEDULE

Description, include make and model	Purchased new		Present Purchase Price	Age of item	Where purchased?	Repairable	
	Yes	No				Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

**LOSS SCHEDULE continued**

Description, include make and model	Purchased new		Present Purchase Price	Age of item	Where purchased?	Repairable	
	Yes	No				Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

Please attach receipts, guarantees or other documents which support ownership or value, as well as any quotation that may support your claim.

**DECLARATION**

**I declare** that to the best of my knowledge the details given in this claim form are true.

**I undertake** to render all possible assistance in connection with this claim.

**I agree** that Crombie Lockwood (NZ) Limited and Lumley, a business division of IAG New Zealand Limited with whom I am insured may give to or obtain from appropriate individuals or organisations information relevant to this claim.

**I agree** that the insurance company with whom I am insured may give to or obtain from ICR details of information relevant to this claim. (The Insurance Claims Register Ltd (ICR) holds details of claims under policies issued by participating insurers. Participating insurers can check details of your claims history on the ICR.)

All Information supplied By \_\_\_\_\_ To \_\_\_\_\_ by phone on the \_\_\_\_\_

Signed: Insured \_\_\_\_\_ Date: \_\_\_\_\_

**Direct Credit Option:**

Please complete Bank Account details below. Where applicable, payment will be made direct to your account.

Bank	Branch Number	Account Number	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Name: <input type="text"/>			

**Farm Cover Claims Team, PO Box 496, Wellington, 6140**

**claims@monument.co.nz**

**Please complete only if requested:**

I \_\_\_\_\_ of \_\_\_\_\_ (Address)  
 (occupation) \_\_\_\_\_ solemnly and sincerely declare that all the information set out above is true and correct and I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Signed: \_\_\_\_\_

Declared at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_

Before me: \_\_\_\_\_  
 Justice of the Peace / Solicitor of the High Court of New Zealand / Person authorised to take Statutory Declarations