

TRANSIT INSURANCE CLAIM FORM

Name of Insured: _____ Removal Plan No: _____

Contact Address: _____

Email: _____ Phone: _____

Move from: _____ Move to: _____

Amount of insurance cover: _____ Declared value Volume based

Details of Claim Professionally Packed Owner packed

ITEM	PURCHASE PRICE	NATURE OF DAMAGE	SUM INSURED	CLAIM AMOUNT
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
TOTAL			\$	\$

Comments

WARNING: WILFUL EXAGGERATION OR INFLATION OF THE AMOUNT CLAIMED WILL VOID THE CLAIM.

**IMPORTANT: YOU MUST READ THE DECLARATION ON THE REVERSE OF THIS FORM.
EXPENSES INCURRED IN THE ESTABLISHING A CLAIM ARE NOT CLAIMABLE WITHOUT PRIOR APPROVAL.**

I/We confirm that we have read the Declaration concerning **Material Facts** and **Use of Information** set out on the reverse of this form.

SIGNED ON BEHALF OF ALL INSURED: _____ Date: _____

SETTLEMENT AGENT: TV COOK INSURANCE LTD Phone: (04) 479 8452
Email completed claim form to: claims@tvcook.co.nz

DECLARATION

I Declare that:

1.	Material Facts
	(a) All information given to the Insurer in connection with this claim (whether oral or written) is true and correct; (b) No information relevant to the claim has been omitted;
2.	Use of Information
	(a) My personal information collected by the Insurer in connection with this claim may be disclosed to: (i) other members of the insurance industry and Insurance Claims Register Ltd; (ii) parties repairing or replacing the subject matter of the claim; (iii) parties who have a financial interest in the subject matter of the policy; (b) My personal information held by any other parties in connection with this claim may be disclosed to the Insurer.