

Merchandise Cover Claim

Latitude Insurance
PO Box 108022
Symonds St, Auckland
Phone: 0800 220 999
Fax: 0800 282 646
gemfinance.co.nz/insurance

Checklist

Before submitting your claim form, make sure you can tick **all** the boxes below:



Fully completed this form?

Included any copies of any appropriate Police or Fire reports?

Obtained and included any licenced repairer quote?

Obtained and included the original receipt itemising the purchase?

Dated and signed this form

How to claim

1. Please supply us with full details of the loss or damage to your item.
2. Please supply copies of relevant Police or Fire reports if appropriate.
3. Please retain any damaged articles for inspection.
4. After completion forward the form to: Latitude Insurance, PO Box 108022, Symonds St Auckland or Fax 0800 282 646.

Important Information

Each item is covered up to a maximum of \$1,000.

REMEMBER you cannot claim for certain items. For details of excluded items, please refer to your Policy.

Cardholder's Details

Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>		<input type="text"/>
Mobile number	<input type="text"/>	Home phone number	<input type="text"/>
Date of birth	<input type="text"/>		
Card account number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Was the item purchased on your credit card?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

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Question 1

Description of property lost or damaged (please retain articles for inspection)

Description	Date purchased	Make	Model	Purchase price	Invoice attached
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Please use a separate sheet of paper (if necessary for more items). Please submit your original sales receipt and statement showing the items which are the subject of this claim. No claim can be processed without these.

Name and address of retailer from where the property was purchased

Question 2

Is the claim for a lost or destroyed item? Yes No If no, go to question 3

Date of loss: / / Where did the loss occur? How did it occur?

Has the loss been reported to the Police? Yes No Police Incident or Report Number

Please report the loss to the appropriate authority before submitting the claim.

Question 3

Is the claim for damaged items? Yes No If Yes, please obtain an estimate from a licenced repairer and attach.

Date of damage: / / Where did the damage occur? How did it occur?

Has the damage been reported to the Police or Fire Authorities? Yes No

Police or Fire Incident or report number

Home contents or other insurance details

Is the claimed item insured elsewhere? Yes No

Policy Number

Has the claim been submitted to your own or a third party's insurer in respect of this loss? Yes No

If yes, please attach a copy of the claim and settlement advice.

Name and address of insurer

Name
Address
Phone no.

Declaration

The claim form information herein is true and correct to the best of my knowledge and belief. I understand that this loss report must be completed and that all the required Fire, Police and Insurance claim reports must be made and submitted before any claim under this policy can be processed. I authorise Hallmark General Insurance Company Ltd. or its representatives to make any enquiries and obtain any information they consider relevant. I fully understand that I must give all necessary information to the tax authorities and pay any tax liabilities arising from claims payments. I consent to the seeking of information from other insurers to check information and authorise giving information to them.

Your signature Please print your name here Date / /