

## Material Damage Claim - Lodgement

This claim has been put together on the basis of personal and device details you have provided Provident Insurance. These details are set out below:

### INSURED DETAILS:

Name of Device User:	<input type="text"/>	Address where Incident Occurred:	<input type="text"/>
Parent or Guardian Name (if under 18 years old):	<input type="text"/>	Make and Model of Device:	<input type="text"/>
If Acer Device, SNID No:	<input type="text"/>	What happened to the Device?	
Address Details	<input type="text"/>	Accidentally dropped	<input type="checkbox"/>
Serial No.	<input type="text"/>	Liquid spilled onto it	<input type="checkbox"/>
Email:	<input type="text"/>	Unknown damage	<input type="checkbox"/>
Contact Phone No.	<input type="text"/>	It has been lost	<input type="checkbox"/>
Date of Incident:	<input type="text"/>	It has been stolen	<input type="checkbox"/>
		Other	<input type="checkbox"/>

### INCIDENT DETAILS:

<p>Briefly describe what happened to the device, and the extent of any damage.</p> <div style="border: 1px solid black; height: 100px;"></div>	<p>Was anyone else involved in what happened to the device? If yes, please provide details.</p> <div style="border: 1px solid black; height: 100px;"></div>
<p>Is there any other insurance relating to this device? If yes, please provide details.</p> <div style="border: 1px solid black; height: 100px;"></div>	<p><b>Note: If the device has been stolen, it must be reported to the New Zealand Police, and a Complaint Acknowledgement Form must be provided with the claim form.</b></p>

### DECLARATION:

I, \_\_\_\_\_ declare that the information shown above is true in every detail and that all relevant information has been disclosed to Provident Insurance.

I authorise the insurer to give to, or obtain from any other party, any information that in the insurer's view is related to this claim.

I understand that:

- The claim may be refused if information is untrue or concealed.
- The information is needed before the insurer can decide whether to accept this claim.
- The Privacy Act 1993 entitles me to have access to and if necessary, request correction of information.

Signature of Policy Holder(s) (if there is more than one Policy Holder, all Policy Holders must sign)	Date
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We may need to contact you in order to clarify some of the information you have provided, or to seek additional information. What would be the best phone number to contact you on during normal business hours?

Daytime Phone Number: \_\_\_\_\_

Please print this form, sign above and simply scan and email the form to 'ewclaims@providentinsurance.co.nz' or post the form to: Claims, Provident Insurance, PO Box 33 743, Takapuna, Auckland 0622, New Zealand.