

CLAIM FORM

Commercial Loss/Damage to Property/Business Interruption

Important Notice

- Please note that AIG has an online portal to make lodging Property and Business Interruption claims quick and easy. [Click here to access.](#)
- The issue of this form is not to be taken as an admission of liability.
- The form should be completed and returned to AIG immediately.
- Please answer all questions as fully as possible.
- Attach any documents to explain more fully and form part of the statement of answers.

Policy Number				Expiry Date	<div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div>
Full Name of Insured as a Legal Entity					
Trade name (if applicable)					
Contact Person	Name		Position		
	Phone		Email		

Payment

AIG requires the following payment details for use if your claim is accepted. Not completing this section may delay settlement.

Payee Name	
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Option 1: Direct credit to NZ bank account. Please complete bank details and account number below.

Bank Number	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
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Option 2: Overseas Bank Transfer

Bank			
Branch		Country	
Account details			

For payments remitted to your account, a Remittance Advice will be sent to your broker to confirm transfer of funds.

Email: Broker		Payee	
Signature			

Property Loss

What was the nature and circumstances of the loss?

What was the property lost or damaged? (Attach list of items if insufficient space)

What is your estimated value of loss?	\$		
What is the address of the loss or damage?			
If Body Corporate entity:	Insured confirms ownership:		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is the property tenanted?		<input type="checkbox"/> Yes <input type="checkbox"/> No
When did the loss or damage occur?	Time	<div><div>H</div><div>H</div><div>:</div><div>M</div><div>M</div></div>	<input type="checkbox"/> AM <input type="checkbox"/> PM
	Date	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	
When was the loss or damage discovered?	Time	<div><div>H</div><div>H</div><div>:</div><div>M</div><div>M</div></div>	<input type="checkbox"/> AM <input type="checkbox"/> PM
	Date	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	
Who discovered the loss?	Name		
	Relationship		
If you consider a company or person to be responsible for damage to the property, please provide their contact details:	Name		
	Phone		
	Email		

Theft

When was it reported to Police?	
Station	
Police Case Number	

Please provide a copy of the police case number or report.

Business Interruption Loss

What is the nature of your Interruption? Please give details and estimated \$ amount of loss for each item to be claimed.

Additional Costs	\$
Loss of Income/ Rents	\$
Other (specify)	\$

Please attach a separate sheet if insufficient space.

Other Insurance

Was there any other insurance covering the property at the time of the loss?

☐ Yes☐ No

If yes, please specify the name and address of insurer, and policy particulars:

Declaration & Privacy Consent

Important

AIG Insurance New Zealand Limited (AIG) treats all matters disclosed and discussed about insureds as confidential and only discloses such information if necessary to administer, investigate or manage a claim, unless otherwise required by law. In compliance with the Privacy Act 2020, we need to obtain consent for the collection and disclosure of personal information.

Declaration

I/we (print name/s in full)

with full authority to make representations on behalf of the Insured, do declare that the above answers and those contained in any attachments are true.

I/we acknowledge that the AIG may rely on such answers in determining indemnity and have not concealed any material fact/s relating to this claim. I/we undertake to provide AIG with my/our full co-operation and assistance in dealing with the matter.

I/we understand and acknowledge that failure to co-operate with AIG and to provide all information relevant or potentially relevant to their assessment of indemnity or management of any claim or potential claim, may result AIG being unable to process my/our claim.

Privacy Consent

I/we consent to AIG in accordance with the Privacy Act 2020:

- 1. collecting holding and using any personal information submitted with this form for purpose of administering a claim including investigating, assessing and paying any claim made by me/us or on my/our behalf;
- 2. disclosing personal information submitted to another AIG company, its staff members, the insured, other insurers and re-insurers, AIG’s binder agent, law enforcement agencies, investigators, lawyers, assessors, advisors and the agent of any of these, insurance broker, insurance agent or intermediary, employer for the purpose of administering my claim or providing a report, and
- 3. where I/we have provided information about another individual, I/we have ensured that I/we have obtained that individual’s consent to the above.

Information is provided voluntarily however if we do not collect this information we may not be able to assess the claim. Insured persons have rights of access and correction to their personal information under the Privacy Act 2020. Further information about rights of access and correction or making a privacy complaint can be obtained by emailing: privacy.officerNZ@aig.com

Name	Date
	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>

Position Title

Signature

Name	Date
	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>

Position Title

Signature

Submit Form



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All products and services are written or provided by subsidiaries or affiliates of American International Group, Inc. Coverage is subject to the insurance contract and actual policy language. Non-insurance products and services may be provided by independent third parties.

AIG Insurance New Zealand Limited (company number 3195589 and FSP189804) is a licensed general insurer, having its registered office address at Level 7, 21 Queen Street, Auckland 1010, New Zealand.

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AIG is a member of the Insurance Council of NZ and we adhere to the Fair Insurance Code, which provides you with assurance that we have high standards of service for our customers. Visit www.icnz.org.nz/fair-insurance-code/about-the-code/ for more information.

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