



## Household & Personal Goods Transit Claim Form

**Please answer ALL questions as fully as possible. Attach extra pages if necessary.**

Name of Insured Policyholder

Policy/Certificate No

Name of Insured person/s

Phone:

Email / Fax:

Postal Address

What date were the goods shipped?  /  /

Name of the Vessel

Names of Shipper/ carrier/ customs agent

Contact Address:

Phone:

Email / Fax:

Has carrier/shipper been notified?  YES / NO

If so, have you held them liable for damage?  YES / NO

**Please attach copy of notification**

What was the due date of delivery?  /  /

On what date was the loss discovered?  /  /

Describe the circumstances of the loss or damage including **the place** and names of any witnesses.

Where are the damaged goods now?

Give location address with contact/ access details for a surveyor to inspect

Description of item	Insured/Declared Value	Describe damage	Estimate \$cost loss/repair

For an extended list of items please complete an additional page



**Please attach the following Documentation to this claim form:**

1. **If you are claiming for damage to repairable items, please obtain written estimates/quotes from local dealers/repairers and return with this claim form.**
2. **Original of the insurance certificate if applicable**
3. **Consignment Note or Bill of Lading and Delivery Docket**
4. **Copy of the Valued Inventory for full consignment**
5. **Copy of written notification of claim for Damage or Loss against the Shipper or carrier.**
6. **Photos of damage if applicable**

## Declaration and Privacy Consent

### Important

*AIG treats all matters disclosed and discussed about our Insureds to be confidential and will only disclose such information externally if necessary to administer or investigate and manage the claim. In compliance with The Privacy Act, however we need to obtain agreement for any PERSONAL information to be collected and/or disclosed to administer and manage the claim.*

### All Insured Person’s making a claim must sign

I/We hereby declare that the foregoing particulars are true to the best of my/our knowledge and belief and I/we undertake to assist the Company to the full in dealing with the matter. **Please Initial All Pages Attached To This Claim**

### Privacy Consent

I consent to AIG Insurance New Zealand Limited (AIG) in accordance with the Privacy Act 1993:

1. Collecting holding and using personal information submitted with my/our claim or collected by surveyors, adjusters, investigators or other specialists engaged for the purpose of administering a claim including investigating, assessing, and paying any claim made by me or on my behalf;
2. Disclosing personal information submitted to related entities of AIG, its staff members located outside New Zealand, the Insured policyholder, other insurers, insurance reference bureaus, law enforcement agencies, investigators, lawyers, assessors, repairers, advisors and the agent of any of these, insurance broker, insurance agent of intermediary, employer for the purpose of administering my/our claims or providing a report.

Name	<input type="text" value="Please Print"/>	Signature of Insured Person
Date	<input type="text" value=" / /"/>	

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. Further information about this or for making a privacy complaint can be obtained by emailing [privacy.officerNZ@aig.com](mailto:privacy.officerNZ@aig.com)

Signature	<input type="text" value="Signature"/>	Signature	<input type="text" value="Signature"/>
Name	<input type="text" value="Please Print"/>	Name	<input type="text" value="Please Print"/>
Date	<input type="text" value=" / /"/>	Date	<input type="text" value=" / /"/>



### Settlement Details

Payee name

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

            

**Option 2: Overseas Bank Transfer**

Bank

Branch

Country

Account details

OFFICE USE  
Bank a/c checked

**AIG no longer issues cheques. To confirm transfer of funds, an auto email will be sent to your broker or direct**

Email: Broker/Payee

Payee Signature

**Please print out this form for signatures and send a copy to your broker and post the original to:  
AIG Insurance New Zealand Limited, PO Box 1745, Shortland Street, Auckland 1140.**



Bring on tomorrow

**AIG Insurance New Zealand Limited**

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