

# General Claim Form

If you need any help with this form, please contact your insurance broker.

2051090



Aon Risk Services NZ Ltd

BROKER: Mark Ranum

- We recommend that you read the Claims section of your policy.
- Please answer all the questions on this form. If a question does not apply to your claim, please answer "N/A".
- You must not incur any expense (unless it is to minimise the loss), or admit fault, without our permission.

**Part A:  
THE INSURED**

Name of Insured: Unity Books (Wellington) Ltd  
 Postal Address: 57 Willis St. Wellington  
 Best contact Phone No: 499-4245 Best time to contact: during normal retail hours.  
 Alternative contact: /

**Part B:  
THE LOSS OR DAMAGE**

1. Where did the loss or damage happen? (please give the full address or details of the location)  
57 Willis St. Wellington

2. When did it happen? (please give date and time) Saturday 29th April / Sunday 30th April

3. When did you first know about it? Monday 1st May.

4. How did the loss or damage happen? (please give full details)  
Our hanging banner sign received a hole in its fibreglass cover - probably caused by a hand or an object.

5. Have you done anything to reduce or recover the loss or damage? Yes  No   
 If you have answered "Yes", please give details below  
Sturdy construction in its first place.

6. Were there any witnesses? Yes  No

7. Do you think that any other person is responsible for the loss or damage? Yes  No   
 If you have answered "Yes" to questions 6 or 7, please give details below  
Damage may have been caused by an athlete getting leaning up and miscalculating the force of contact.

**Part C:  
BURGLARY THEFT etc**

1. Does this claim involve **burglary, theft, unexplained loss** or **intentional damage**? Yes  No   
NOT KNOWN IF INTENTIONAL.

If "NO" Please go to Part D. If "YES" it must be reported to the Police, and questions 2 & 3 answered.

2. Is a Police Complaint Acknowledgement attached? Yes  No  If "No" please complete the details below  
 Reported by \_\_\_\_\_ to (Station Name) \_\_\_\_\_  
 on \_\_\_\_\_ Complaint Ref. No. \_\_\_\_\_ Name of Attending Officer \_\_\_\_\_

3. If the loss or damage was through a burglary (or an attempted burglary):  
 Did the premises have a burglar alarm? Yes  No  Don't know   
 If "YES", was the alarm on at the time the loss or damage happened? Yes  No  Don't know

**Part D:  
GENERAL QUESTIONS**

1. Do you have any other insurance which covers this loss or damage? Yes  No

2. Have you claimed on any type of insurance in the past 5 years? Yes  No   
 If "YES" to question 1 or 2 please give full details (include date, type of claims and name of Insurer)  
Refer to Mark Ranum. (AON)

OFFICE USE: Policy No. \_\_\_\_\_ Branch \_\_\_\_\_



**Part E:  
THE  
PROPERTY  
LOST OR  
DAMAGED**

- To support ownership and the amounts claimed, please attach receipts, valuations, guarantees, current quotations or other documents. If repairs have been paid for, please attach a receipt or account.
- Wilful or reckless exaggeration of any amount claimed will forfeit the claim.
- If at all possible, keep damaged items available so that we can inspect them if needed.

DESCRIPTION OF ITEM (include any serial number)	FROM WHOM OBTAINED (name and address)	DATE OBTAINED (if secondhand state item age when obtained)	CURRENT REPLACEMENT COST	REPAIR COST	office use	
					DEDUCTION FOR AGE USE OR WEAR & TEAR	
If there is not enough room to list everything you are claiming for, please attach an additional list.				AMOUNT		
Is an additional list attached? Yes <input type="checkbox"/> No <input type="checkbox"/>				EXCESS		
				CLAIM TOTAL \$		

1. Are you the sole owner of the lost or damaged property? Yes  No   
If "NO", please give full details of the owner, or of any other person who owns a share of the property (include name, address and contact phone number):

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2. Is any of the lost or damaged property subject to any financial or hire purchase agreement? Yes  No   
If "YES" please give full details below (include name, address and contact phone number of any mortgagee etc)

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3. If the lost or damaged property is a building, who occupies it? Owner  Tenants  Other   
If "Tenants" or "Other" please give their details below:

**Part F:  
DECLARATION  
AND  
SIGNATURE  
Please read  
and sign**

I declare that:

**1. Material Facts:**

- (a) All information given to NZI in connection with this claim (whether oral or written) is true and correct;
- (b) No information relevant to the claim is omitted;

**2. Use of Information:**

- (a) My personal information collected by NZI 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 NZI.

**Please note:**

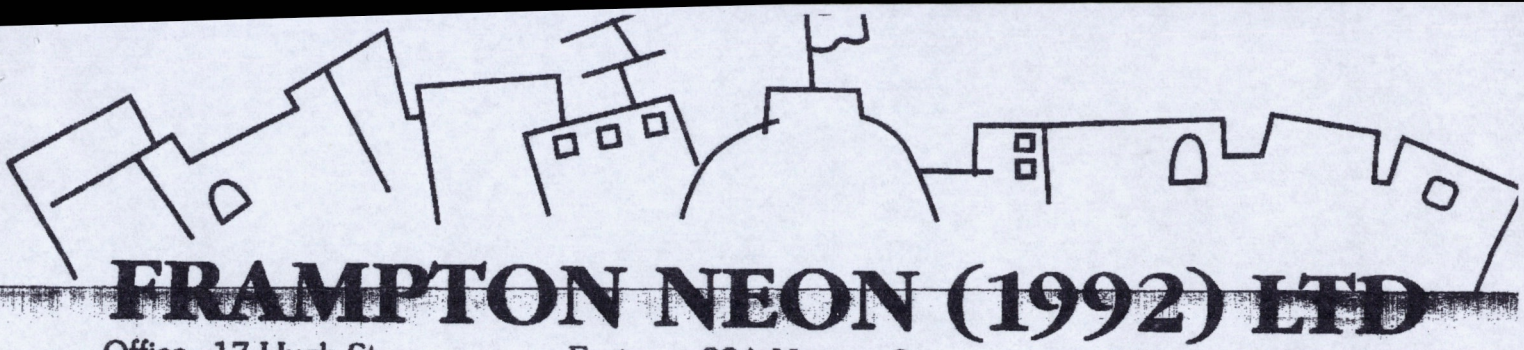
- We gather information about you (including your claims history) to consider your claim. The terms of your insurance policy require you to supply this information, and if you refuse to provide it, we may decline your claim.
- This information is held by us and you may access it. It may be passed onto other insurers you deal with, repairers and mortgagees etc.
- Your claims history is passed onto, and held by, Insurance Claims Register Ltd. This enables other insurers you deal with to access it, and prevents fraudulent claims.

Signed On Behalf  
Of All Insureds

UNITY BOOKS LTD.  
*R. J. [Signature]* (A & P [Signature]) Managing Director

Date 18<sup>th</sup> July 2000





# FRAMPTON NEON (1992) LTD

Office: 17 Hugh St  
Newtown  
Wellington

Factory: 23A Hanson St  
Mt Cook  
Wellington

Office: 04-389 9653  
Mobile: 025-365 731  
Fax: 04-389 9766

Invoice to:

Unity Books  
57 Willis St  
Wellington

Date: 14/6/00

GST No.: 64 866 467

Tax Invoice 00001200

Description;

Amount

Manufacture new panel and graphics, repair lights in U/V sign  
as per accepted quotation

**\$480.00**

Payment due 20th of month following invoice.

Freight: \$0.00

Sub Total: \$480.00

Your Order #

GST: \$60.00

TOTAL AMOUNT: **\$540.00**

**Manufacturers of Neon & Illuminated Signs**



AP re AON. "Hijinks on Willis"

B 2. Sat 29 April or Sun 30

3. Mon 1 May

4. ~~2~~ Hanging verandah sign received hole in fibreglass cover caused by hand or object.

5. Yes. Sturdy construction

6. Not known,

7. Yes  
May have been caused by athletic person leaping up + miscalculating force of contact

C. 1. No (not known if damage was intentional)

D. ~~2~~  
1. No.

2. Yes [ - you have details AP ]

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(Alan - these answers accommodate our not contacting the police. A generous interpretation of the incident, but possibly true all the same)