



Before completing this form, please call us to see if your claim can be processed over the phone.

MAS, FREEPOST 884, PO Box 13042, Johnsonville, Wellington.  
Phone 0800 800 627. Facsimile (04) 477 0109. Email [info@mas.co.nz](mailto:info@mas.co.nz).

## Important information

1. Please answer questions as fully as possible. Incomplete answers may result in delays in completing the claim.
2. An excess may apply to your claim. Please refer to policy.
3. Please return the completed form together with supporting material (see below) and police acknowledgement form in case of burglary, theft, or malicious damage as soon as possible to the postal address or email address shown above.

### The Insured

Title Surname

First name(s)

Address

To assist us to promptly process your claim, please confirm your daytime contact details:

Phone

Mobile

Email

Member number

### Your payment options

*Tick one option only*

☐ Direct credit to bank account *(Please complete details below)*

Account name

Bank account number

|      |  |  |  |        |  |  |  |                |  |  |  |  |  |        |  |  |  |
|------|--|--|--|--------|--|--|--|----------------|--|--|--|--|--|--------|--|--|--|
|      |  |  |  |        |  |  |  |                |  |  |  |  |  |        |  |  |  |
| Bank |  |  |  | Branch |  |  |  | Account number |  |  |  |  |  | Suffix |  |  |  |

☐ Cheque sent by mail

### Details

Day of loss or damage

Date

Time

am/pm

Where did the loss or damage occur?

Please provide full particulars

Is burglary, theft, or malicious damage indicated?

☐ Yes\* ☐ No\*\*

*\*If yes, please complete the questions below.*

*\*\*If no, please go to 'description' overleaf.*

Has the matter been reported to the police?

☐ Yes ☐ No

At which station?

By whom? *(please provide full name)*

File number *(please attach police acknowledgement form)*

Are the premises protected by a burglar alarm?

☐ Yes\* ☐ No

*\*If yes, was it armed at the time of the event?*

☐ Yes ☐ No

Please detail each item separately. It will assist us to settle your claim promptly if you supply any original point of sale material for items lost or stolen. e.g. original invoice, warranty/guarantee cards, credit card statements, and valuations where appropriate.

**Declaration** I hereby declare that the information contained on this claim form is correct and true to the best of my knowledge and belief. I understand the collection of the foregoing particulars is pursuant to my claim and that failure to provide this information may result in the claim being declined. I further authorise and consent to the disclosure of information which is relevant to the assessment or investigation of this claim under the terms and conditions pursuant to the Privacy Act 1993 and I agree to MAS releasing to any other party information regarding this claim.