

CLAIMS FORM NOTIFICATION

CLAIMS NOTIFICATION

NZ Kindergartens Inc.

Please complete & forward to: Wilkinson Insurance Brokers Ltd, PO Box 11 641, Wellington

Kindergarten:	ASSOCIATION:
Name.....	Name.....
Address.....	Add ress.....
.....
Telephone (.....).....	Telephone (.....).....
Contact Name.....	Contact Name.....

DETAILS

DATE OF LOSS:..... TIME:..... am/pm

DETAILS OF LOSS:

.....

.....

.....

.....

IF CLAIM ARISES OUT OF BURGLARY, THEFT OR LOSS STATE POLICE STATION TO WHICH LOSS WAS REPORTED AND ATTACH A COPY OF POLICE COMPLAINT ACKNOWLEDGEMENT FORM.

POLICE STATION:..... DATE:.....

ARE PREMISES FITTED WITH A BURGLAR ALARM SYSTEM? Yes [] No []

IF SO, WAS ALARM OPERATIONAL AT THE TIME OF LOSS? Yes [] No []

IF A CLAIM ARISES OUT OF BURGLARY, HOW WAS ENTRY (OR EXIT) GAINED?

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Description of Property Damaged, Lost or Destroyed	Date Purchased	Purchase Price	Replacement Cost	Amount Claimed

\$

NB: Please attach accounts if repairs have already been completed, or quotations for replacement items.

IS A **LOSS OF PROFITS** EXPECTED AS A RESULT OF THIS CLAIM? Yes [] No []

SIGNATURE (Insured)..... **Date:**

Association Secretary Signature: