LIFESTYLE PROTECTION INSURANCE

BUSINESS INTERRUPTION & SUSPENSION COVER CLAIM FORM



MARAC Insurance, Box 9919, Newmarket, Auckland 1149. Ph 0800 45 10 10 Fax 09 927 9318

Personal Details - INSURED																		
Mr/Mrs/Miss/Ms/Dr (please circle) First Names			Surname															
Address																		
Suburb		City						Postcode										
Phone No. (hm)	ne No. (hm) Phone No. (wk)					Phone						ne No. (mobile)						
Email address		Date o	f Birth		/	/		/										
Nominee			Postal	addres	SS													
Business interruption																		
Start Date of Operation of Business / /			Date of Interruption / /															
Type of Loss																		
Reason for Claim																		
Name of Business														—				
Current Shareholding in Business																		
Current Shareholding III Business																		
Suspension cover																		
Start Date of Employment / /			Suspension Date / /															
Reason for Suspension																		
Name of Business																		
Address																		
Suburb			City								Postcode							
Employer's Name																		
Phone No. (wk)				No. (m	obile)													
Current Shareholding in Business																		
Proceeds of Claim																		
Please confirm (tick a box) where you would I	like the claim procee	eds (if ac	cepted) to I	oe paid	d:													
Pay the full claim onto my MARAC loan			,															
Pay the full claim into the following bank a	ccount																	
Pay the full claim to another finance compa																		
			About pr	otect	ing y	our p	orivac	:y										
Policy No.			This claim of are making		s perso	onal ir	nforma	ation a	abou	ut yo	ou to ev	/aluate	e the claim y	ou				
Claim No.			The recipie	nt and									ice Limited, this informa	tion				
			is required	pursua	ant to t	the co	mmor	n law	duty	y to	disclos	e all n	naterial facts this informa	5				
			may result	in you	r claim	bein	g decli	ned o	or yo	our ir	nsuran	ce bei	ng void. n subject to					
Insured signature			provisions						1011 C	∠i, LI	ال۱۱۱۱ د	matic	ii sabjett tu	C1 1C				
Signed			Declarati					, .	1.4				,					
Date / /												ue, and I/we to this claim						