LIFESTYLE PROTECTION INSURANCE
BUSINESS INTERRUPTION & SUSPENSION COVER CLAIM FORM

MARAC INSURANCE LIMITED

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) Phone No. (wk) Phone No. (mobile)

Email address Date of Birth / /

Nominee Postal address

Business interruption

Start Date of Operation of Business / / Date of Interruption / /

Type of Loss

Reason for Claim

Name of Business

Current Shareholding in 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) Phone No. (mobile)

Current Shareholding in Business

Proceeds of Claim

Please confirm (tick a box) where you would like the claim proceeds (if accepted) to be paid:

☐ Pay the full claim onto my MARAC loan

☐ Pay the full claim into the following bank account ☐☐ ☐☐☐☐ ☐☐☐☐☐☐☐ ☐☐☐

☐ Pay the full claim to another finance company named here:

Policy No.

Claim No.

About protecting your privacy

This claim collects personal information about you to evaluate the claim you are making.

The recipient and holder of the information is MARAC Insurance Limited, 35 Teed Street, Newmarket, Auckland 1023. The collection of this information is required pursuant to the common law duty to disclose all material facts relevant to the claim and is mandatory. The failure to provide this information may result in your claim being declined or your insurance being void.

You have right of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

Insured signature

Signed

Date / /

Declaration

I/we declare that the statements contained in this claim are true, and I/we have not suppressed or misstated any facts that are relevant to this claim.