

# PRO-SURE INSURANCE

## Loss of Rent/Damage claim form



Please send to Pro-Sure Limited, Private Bag 92 116, Auckland 1142 or email to [enquiries@prosure.co.nz](mailto:enquiries@prosure.co.nz) or Fax 09 623 5330

**Policy No:** ..... **Expiry Date:** ..... **Landlord's Name:**.....

### Tenancy details:

**Tenant Name:** .....

Phone (Res): ..... Phone (Bus): .....

Mobile Phone: ..... Fax: .....

Email: .....

**Rental Property Address:** .....

Date of Tenancy Agreement start: ..... Weekly Rental: .....

Tenant's Employer details: .....

Address of Employer: ..... Phone: ..... Email: .....

Claim Declaration date: ..... Claimant: .....

### Details of Claim Notes

Date last received Rental: ..... Date: .....

Measures taken to locate the tenant and/or collect outstanding rents:

.....

.....

.....

.....

.....

.....

.....

.....

**The following information must be attached to the Claim Form or supplied separately. Please ensure that the documents are legible!**

1. Copy of references obtained about tenants: .....
2. Statement of account and assignment of Interest to the Insurer .....
3. Copy of rental agreement signed by the tenant .....
4. Mediation Order or Report .....
5. Notice of Result of Examination by any Court .....
6. Any Tenancy Tribunal Hearing orders or rulings .....
7. Tenant has absconded without paying – copies of returned mail, courier or registered mail deliveries .....
8. Eviction – copies of Eviction Notices to Tenant.....

**Comments:**

.....

.....

.....

**PRO-SURE INSURANCE**  
**Loss of Rent/Damage claim form**



**Statement of Account**

Rental Agreement Number: .....  
Start Date of the Tenancy: .....  
Amount of Advance Rental collected: \$ .....  
Weekly Rental: \$ .....  
Last date of Rental received: .....

**Calculation of Loss**

Date of Loss: ..... To Date Re-let: .....  
Weekly Rental: \$ ..... / 7 = \$ ..... Daily Rental  
Daily Rental: \$ ..... x ..... Days un-let = \$ .....  
Less Rent in advance collected: \$ .....  
Total Collected: \$ .....  
Gross Loss: \$ .....  
Less Policy Excess, if applicable \$ .....  
Total Rental Loss: \$ .....

**Client- Property Managers Agent Declaration**

I/We do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail and that I/We do not withhold from the Insurer any information within my/our knowledge connected with the insured event.  
Furthermore, I/We undertake to render the Insurer every assistance in my/our power in dealing with the matter.  
**Signed:** .....  
**Position in Company, Trust or Property Manager:** .....  
**Name of Claimant:** ..... **Date Signed:** .....

**Notice of Assignment - Transfer under subrogation to the Insurer**

I/We hereby assign our interest in this rental agreement No: .....  
In the name of: .....  
**Authorised Signature:** ..... **Date:** .....  
**Name of Authorised Person:** .....

**PRO-SURE INSURANCE**  
**Loss of Rent/Damage claim form**



This section is only required to be completed if a claim needs to be made for damage to the rental property.

**Claim Section for Loss or Damage to House/Contents, and other claims**

**Please indicate** (tick appropriate box)

**Type of Loss:**

- |  |   |
|--|---|
| <input type="checkbox"/> Accidental Damage                   | <input type="checkbox"/> Malicious Damage to Property |
| <input type="checkbox"/> Water Damage                        | <input type="checkbox"/> Theft not tenant related     |
| <input type="checkbox"/> Theft by tenant family or invitees' | <input type="checkbox"/> Burglary                     |
| <input type="checkbox"/> Landlord Liability                  | <input type="checkbox"/> Legal Expenses               |
| <input type="checkbox"/> Other: <i>specify please</i> _____  |   |

Date of loss: ...../...../..... Time of loss /when discovered: .....

Describe the damage/Loss or claim:  
 .....  
 .....  
 .....

What temporary or urgent repairs have been carried out to minimise the damage or loss:  
 .....  
 .....

**Summary or estimate of Costs**

Invoice/Estimate	Amount
.....	\$ .....
.....	\$ .....
.....	\$ .....
.....	\$ .....
Total Expenses	\$ .....
Total of loss claimed	\$ .....
Deduct excess applicable	\$ .....
Total claim	\$ .....

**IMPORTANT:**  
 To reduce delays in the settlement of this claim, complete all questions and attach copies of supporting documents.  
 The amounts claimed are subject to acceptance by an appointment assessor or by the Insurer at their discretion subject to the terms and conditions of the relevant policy cover.

- Attach Invoices of the temporary repairs carried out to date
- Attach quotes if obtained to repair or cover for losses the damage.

**We appreciate your assistance in recovering the cost for loss or damage by completing the following:**

Who in your opinion caused the loss or damage?  
 .....  
 Name and address of any witness (es):  
 .....  
 .....  
 Police Station: ..... Date reported to the Police: .....

Name/Badge number of the Officer: ..... Report number: .....

**Please return the completed claim form and supporting documents to: Pro-Sure Claims**  
**Private Bag 92 116, Auckland 1142, New Zealand – or fax to 64 9 623 5330 - or**  
**Email to [enquiries@prosure.co.nz](mailto:enquiries@prosure.co.nz)**