



Request Form for Personal Information

Thank you for your enquiry about personal information, which may be held about you on the Insurance Claims Register. In accordance with the Privacy Act 2020, a copy of this information will be provided to you following a search of the Register. To enable us to identify you correctly on the Register, could you please PRINT the following information:

| | | |
|----------|--|---|
| 1 | FAMILY NAME | GIVEN NAME(S) |
| | _____ | _____ |
| | MAIDEN OR ALTERNATIVE NAME | |
| | _____ | |
| 2 | DATE OF BIRTH | |
| | _____ day/month/year | |
| 3 | CURRENT ADDRESS | |
| | _____ | |
| | Street address | |
| | _____ | |
| | Suburb | |
| | _____ | |
| | Town or City | |
| 4 | CONTACT PHONE NUMBER | (in case we need to verify any detail with you) |
| | _____ | |
| 5 | The names of any insurance companies in New Zealand to which you have made a claim in the last 10 years: | |
| | _____ | _____ |
| | _____ | _____ |
| 6 | SIGNATURE AND DATE | |
| | _____ | _____ |
| | Signature | Date |

To receive a copy of your information held on the Insurance Claims Register, please send this completed form along with the following Proof of Identity to the relevant company's representative (Details provided below).

To prevent the disclosure of information to any unauthorised person, we require verification of your identity. **We ask that you return this completed form to your insurer with your proof of identity validated by one of the processes below.** If you have no such formal ID we will telephone you to discuss other means of identification.

The following members of the Insurance Council are those who participate in the Insurance Claims Register. Please send your forms to the following email addresses or for the attention of the ICR representative (send to the relevant company address).

| Company | Contact | Address |
|--|--|---|
| AA Insurance (including SIS and Sun Direct) | icr@aainsurance.co.nz | Attn: AA Insurance – ICR Request PO Box 992 Auckland |
| AMP General Insurance | icr@vero.co.nz | Attn: Vincent Yang Private Bag 92120 Auckland |
| ANDO | icrquery@ando.co.nz | Attn: GRC Team – ICR Request PO Box 6649, Victoria Street West, Auckland, 1142 |
| Farmers Mutual Group | Serena.hansen@fmg.co.nz | Attn: Serena Hansen PO Box 1943 Palmerston North |
| IAG (AMI, Lumley, NZI, State Insurance) | icr@iag.co.nz | Attn: Kelleigh Rowe Private Bag 92130 Auckland |
| MAS | James.gerrie@mas.co.nz | Attn: James Gerrie – PO Box 13042, Johnsonville, Wellington 6440 |
| Tower Insurance | Insurance.Register@tower.co.nz | Attn: Michael Cooney PO Box 90347 Auckland |
| Vero Insurance | icr@vero.co.nz | Attn: Vincent Yang Private Bag 92120 Auckland |
| YOU! Insurance | icr@tower.co.nz | Attn: Michael Cooney PO Box 90347 Auckland |

A reply will be made within 10 working days after your insurer has received the completed form.

You can be assured that all information provided by you on this form will be treated as **strictly private and confidential**.

Proof of Identity

You are required to prove your identity to ensure we provide you with the correct information and to ensure we protect your privacy in accordance with the Privacy Act 2020.

Your Name:

Your Signature:

This can be done by:

- Taking this completed form with your driver's licence or passport to your current or previous insurer.
- or
- Having your identity validated by a JP, lawyer or Police Officer.

Visual Verification: (please tick the appropriate box) Passport Driver Licence
 *Other

*Please Specify _____

I confirm that I have sighted an original identity document and can certify that the person presenting the document matches the photo.

Name of Certifying Officer (Print) _____ Title _____

Signed: _____ Date: _____