Insurance Claims Register 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. 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.**

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 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.

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 verified 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 _____

Name of Certifying Officer (Print) _____ **Title** _____

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

Signed: _____ **Date:** _____

The following insurance companies share claims data with the Insurance Claims Register. To receive a copy of your information held on the Register, please send this completed form to the relevant company's representative (Details provided below).

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: ICR Team 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	icr@fmg.co.na	Attn: ICR Team PO Box 1943 Palmerston North
IAG (AMI, Lumley, NZI, State Insurance)	icr@iag.co.nz	Attn: Lexi Litte Private Bag 92130 Auckland
MAS	Sarah.Pope@mas.co.nz	Attn: Sarah Pope – PO Box 13042, Johnsonville, Wellington 6440
Tower Insurance	Insurance.Register@tower.co.nz	Attn: Tower Insurance – ICR Request PO Box 90347 Auckland
Vero Insurance	icr@vero.co.nz	Attn: ICR Team Private Bag 92120 Auckland
YOUI Insurance	Insurance.Register@tower.co.nz	
ICR	icr@icnz.org.nz	