



Consent form

This form seeks your authorisation for the New Zealand Claims Resolution Service (NZCRS) to collect, use and disclose information, including personal information, for the purpose of supporting you in the management and resolution of your outstanding or potential insurance claim(s) related to a natural disaster.

This form should be completed by the owner(s) of the property and all of the people named in any insurance policies held for the property. If you are seeking advice for more than one property, please complete a separate consent form for each property.

You may wish to keep a copy of this form for your records.

Completed application forms can be sent to:

Emailed to:

contact@nzcrs.govt.nz

Posted to:

Attn: NZCRS
MBIE
PO BOX 22725
Christchurch Central 8011

If you need help completing this form, you can call us on 0508 624 327

YOUR NAME AND CONTACT DETAILS

Full name:*

Email address:*

Phone number:*

Alternative phone number:

Postal address:*

STREET NAME	SUBURB
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CITY	POSTCODE
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How would you prefer to be contacted? Email Phone Post



PROPERTY AND CLAIM DETAILS

Address of the affected property: *

STREET NAME	SUBURB
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CITY	POSTCODE
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Legal owner(s) of the affected property: *

Insurer(s) at the time of the event: *

Insurer claim/policy numbers:

EQC claim numbers (if relevant):

Did you own the property at the time of the event? * Yes No

If you did not own the property at the time, do you have a Deed of Assignment? * Yes No Don't know

IMPORTANT INFORMATION

Collection and use of information

To assist and support you in the management and resolution of your insurance claim(s) relating to the above property, the NZCRS needs your authorisation to request information about you and your property from, and share information with, relevant parties. Your information will only be collected from or disclosed to these parties for NZCRS purposes, or where otherwise required or permitted by law.

These parties may include:

- The Earthquake Commission (EQC);
- your private insurance company (if any);
- Local/Regional Council; and/or
- other government agencies or third parties.

The information collected by the NZCRS will be used by its staff or authorised agents for NZCRS purposes to the extent it relates to your insurance claims and the rebuilding, or repair process.

If you do not provide authorisation, the NZCRS may not be able to assist you in the management and resolution of your insurance claim(s).

We may occasionally use your contact details to contact you about ways we could improve our services.

Access to your information

You have the right to obtain confirmation of whether or not the NZCRS holds your personal information, and to access and correct that information. You are entitled to ask for information about the relevant parties that NZCRS has collected information from. If you would like more information about how we collect, use, and share your information, and the terms of the NZCRS, please visit nzcrs.govt.nz or call us on **0508 624 327**.

Disclaimer

MBIE has made every effort to ensure that information relating to the NZCRS is reliable. To the fullest extent permitted by law, MBIE excludes all responsibility and liability in relation to the NZCRS and MBIE will not be responsible for errors or misstatements or be liable, whether in contract, tort (including negligence) or otherwise, for any loss or damage whoever caused (including direct, indirect, consequential, special or loss of profits).

Providers of legal and facilitation services in the course of the NZCRS are independent contractors and MBIE accepts no liability for any advice or services provided in connection with, or decisions made in reliance on, the NZCRS. MBIE reserves the right to change, add to, delete from, or otherwise amend the service requirements of the NZCRS to make improvements or correct any errors or omissions at any time without notice.

YOUR CONSENT

This form needs to be signed by or on behalf of all policy holders for the above property. By signing this form, you confirm that you are policy holder(s) for the above property.

If one or more policy holders are not signing this form, confirm whether you are authorised to complete this form on behalf of all other policy holders.

- I am authorised to complete this form on behalf of all other policy holders
- I am NOT authorised to complete this form on behalf of all other policy holders

By signing this form, you authorise the NZCRS to collect, use and disclose information as described in this form.

Signed:

Name:

Date:

Signed:

Name:

Date:

If you need to include signatures from more than two policy holders, they can be added to the **additional policy holders** section at the end of this form.

ADDITIONAL CONTACT DETAILS

Additional contact person 1

Full name:*

Email address:*

Phone number:*

Alternative phone number:

Postal address:*

STREET NAME	SUBURB
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CITY	POSTCODE
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How would you prefer to be contacted? Email Phone Post

Additional contact person 2

Full name:*

Email address:*

Phone number:*

Alternative phone number:

Postal address:*

STREET NAME	SUBURB
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CITY	POSTCODE
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How would you prefer to be contacted? Email Phone Post

ADDITIONAL POLICY HOLDERS

By signing this form, you authorise the NZCRS to collect, use and disclose information as described in this form.

Signed:

Name:

Date:

Signed:

Name:

Date: