

Specified Item Application Form

Title (Dr/Mr/Mrs/Miss/Ms/Mx):	Given Name/s:
Family Name (Surname):	Policy Number/Student ID Number:
Education Provider Name:	

Note: An additional premium per 12 month period is required. The maximum insurable value for any specified item, set or pair of items is \$5,000. In the event of a claim You must be able to support Your claim with receipts or valuations.

This Studentsafe insurance policy is issued and managed by **AWP Services New Zealand Limited** trading as **Allianz Partners, Level 3, 1 Byron Avenue, Takapuna, Auckland 0622** and underwritten by **The Hollard Insurance Company Pty Ltd ABN 78 090 584 473 (Incorporated in Australia), ("Hollard")**.

- Please complete this information in full.
- We may verify the information with the educational body where you are enrolled in your course.
- Send this form to: **Studentsafe - PO Box 33313, Auckland** or email to **help@insurancesafenz.co.nz**

Student details

Student's name		
Surname/Family name	First name	Middle name
Date of birth / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Mx	
day month year		
Country of origin		
Postal address		
Student's postal address		
Home phone number ()	Mobile phone number ()	
Email address		
Educational body	Student ID number (if applicable)	

Property to be specified (attach purchase receipts or valuation document if available)

1 Item description (including make and model)	Serial number	Present day value in NZ currency
		\$
Date of purchase	Purchase price in NZ currency	Where purchased
	\$	
2 Item description (including make and model)	Serial number	Present day value in NZ currency
		\$
Date of purchase	Purchase price in NZ currency	Where purchased
	\$	

Other notes

Continue to list the details on a separate sheet if necessary

Declaration

I declare to the best of my knowledge the details given in this application form are true and correct and I acknowledge that in the event of a claim I must supply proof of ownership and/or purchase for the items specified above.

Signature	Date / /
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