

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 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 **Mitsui Sumitomo Insurance Company, Limited (NZBN 9429039809810, FSP Number 20661) (Incorporated in Japan), ("MSI"), Level 8, 139 Quay Street, Auckland Central, Auckland, 1010 , New Zealand.**

- 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 / / |
|-----------|--------------------|