

# 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"), Level 26, 188 Quay Street, Auckland 1010.**

- 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](mailto: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)
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## 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
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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.

	Date / /
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