

# Contents Insurance Application



MAS  
FREEPOST 884  
PO Box 13042  
Johnsonville, Wellington  
–  
Phone 0800 800 627  
Fax (04) 477 0109  
Email info@mas.co.nz

**i Important information**  
Please read the information below before completing this application. You had a duty to disclose all information that MAS may want to take into account in deciding whether or not to accept your application and, if so, on what terms. The information that you provide in this application must be true, correct and complete. In addition to answering the specific questions asked, you must disclose everything you know that may be relevant to this insurance.

## Member details

Title  First name(s)

Surname  Member Number

The entity to be insured (joint, company, trust). Include name(s), in full, of trustees if applicable.

Current Postal address

City  Postcode

To assist us to promptly process your application, please confirm your daytime contact details below.

Email

Phone  Home  Work  Mobile

What is your preferred contact method?  Phone  Text  Email

## Term of insurance

Start  dd-mm-yyy

To\*  dd-mm-yyy

*\*If you need cover for less than a year*

## Contents insurance

Address where contents are (if different to current postal address)

City  Postcode

Sum insured (including all specified items)  \$

## Contents insurance required (cont.)

Do you own the house?  Yes  No\*

*\*If no, please complete the following questions.*

Have you signed a tenancy agreement?  Yes  No

How many people do you permanently live with?

Do they all hold their own contents insurance?  Yes  No

Do others have access to your belongings?  Yes  No

Are all external doors fitted with deadlocks and/or ranch-slider bolts?  Yes  No

Is there a burglar alarm fitted?  Yes – monitored\*  Yes – unmonitored  No

*\*If yes – monitored, please provide the name of the monitoring company.*

Is a sprinkler system installed?  Yes  No

If the property has more than one self-contained unit to be insured (e.g. granny flat), please complete the following table:

Unit description	Number of units	Sum insured
		\$
		\$
		\$

Voluntary excess required

None  \$200  \$500  \$1,000  \$2,000

*N.B. Voluntary excesses apply in addition to the standard policy excess.*

List any specified items to be included in your policy (e.g. jewellery over \$8,000 per item or \$40,000 in total, sporting equipment over \$5,000 per item, bicycles over \$8,000, works of art over \$25,000 each).

*For a full list of specified item sub-limits or contents calculator, please go to [mas.co.nz](http://mas.co.nz).*

Item description	Valuation held? Please provide	Sum insured
	<input type="checkbox"/> Yes	\$
	<input type="checkbox"/> Yes	\$
	<input type="checkbox"/> Yes	\$
	<input type="checkbox"/> Yes	\$
	<input type="checkbox"/> Yes	\$
	<input type="checkbox"/> Yes	\$
	<input type="checkbox"/> Yes	\$
	<input type="checkbox"/> Yes	\$

## Please complete Previous insurance and criminal convictions

Have you or anyone else to be covered by this insurance, ever engaged in criminal activity, had any criminal convictions or have any criminal prosecutions pending?

*The information sought by this question is subject to the rights set out in the Criminal Records (Clean Slate) Act 2004.*

Yes\*

No

*\*If yes, please provide details.*


Have you previously held contents insurance in your name?

Yes

No

Is any property referred to in this application insured elsewhere?

Yes\*

No

*\*If yes, please provide details.*


In the last five years have you, or anyone else to be covered by this insurance, suffered any loss or damage to your contents, including theft, malicious damage or burglary?

*(Regardless of whether an insurance claim was made).*

Yes\*

No

*\*If yes, please provide details (description, year, cost of claim).*


Have you ever had any insurer decline cover, impose special terms or refuse renewal of any policy?

Yes\*

No

*\*If yes, please provide details (description, year, cost of claim).*


Is this application to replace a policy or policies currently held with MAS?

Yes\*

No

*\*If yes, please quote policy number(s).*


Is there any further information likely to affect this insurance?

Yes\*

No

*\*If yes, please provide details.*


## Premium payment

How do you wish to pay your premium?

By direct debit

Frequency:  Annually  Monthly\*  Quarterly\*  Six-monthly\*

*\*A payment administration fee of up to 6% plus gst will apply.*

Direct debit form completed?  Yes  No- please complete attached direct debit form.

Deduction of the first annual premium by Visa/Mastercard/Amex/Diners. A 1.75% surcharge applies to credit card payments.

Credit/debit card number             Exp

Credit/debit card name

Annually by cheque or internet banking on receipt of renewal letter

I authorise the deduction of the first annual premium by credit/debit card.  
Please call 0800 800 627 to renew this each year.

Signature  Date

## Declaration

### Disclosure of relevant information

I understand that I have a duty to disclose all information that Medical Insurance Society Limited (MAS) may want to take into account in deciding whether or not to accept my application and if so, what terms. I confirm that:

- all the answers in this application are true and correct and complete
- I have disclosed everything I know that may be relevant to this insurance.

I understand that if I have not disclosed all relevant information that I know, MAS may decline a claim I make under this policy, cancel the policy or treat the insurance as being invalid from the beginning.

### Privacy Act 1993

I understand that:

- the personal information MAS collects from me will be used by it to underwrite and administer my insurance.
- I am entitled to access and correct the personal information MAS holds about me, in accordance with the provisions of the Privacy Act 1993.

I authorise MAS to give or obtain personal information about me (relevant to my insurance) to or from others including but not limited to the Insurance Claims Register Limited.

Signature  Date

For assistance call 0800 800 627 or visit [mas.co.nz](http://mas.co.nz)

# Easy ways to pay with MAS



## Smarter, faster, easier

- **Direct debit** is the smarter way to pay, saving you time and hassle and ensuring that your payments are always on time.
- **Rest assured** you'll be in total control. You'll receive renewal notices every year and can change anything about your payments at any time.
- **Select** to pay your premiums annually, six-monthly, quarterly or monthly. Six-monthly payments include a 3% payment administration fee and quarterly or monthly payments include a 6% fee.
- **To set up your direct debit:** Fill in the form below and detach the payment slip from your renewal notice. Fold this form to create an envelope enclosing the payment slip. Seal and freepost back to us.

### Direct debit authority

Product (e.g. Contents insurance)	<input type="text"/>	Policy number	<input type="text"/>
Payment frequency (tick one)	<input type="checkbox"/> annually	<input type="checkbox"/> six-monthly	<input type="checkbox"/> quarterly <input type="checkbox"/> monthly
Product (e.g. Contents insurance)	<input type="text"/>	Policy number	<input type="text"/>
Payment frequency (tick one)	<input type="checkbox"/> annually	<input type="checkbox"/> six-monthly	<input type="checkbox"/> quarterly <input type="checkbox"/> monthly
Product (e.g. Contents insurance)	<input type="text"/>	Policy number	<input type="text"/>
Payment frequency (tick one)	<input type="checkbox"/> annually	<input type="checkbox"/> six-monthly	<input type="checkbox"/> quarterly <input type="checkbox"/> monthly

### Bank instructions

Name of bank account holder

Customer to complete bank, branch, account number and suffix of account to be debited.

Account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Bank	Branch	Account number	Suffix

Name of bank and branch

### MAS Member number

**Authority**  
 Authority to accept direct debits (*Not to operate as an assignment or an agreement*)  
 Authorisation code (*User number*)  
        
 Date

### To: the bank manager

I/we authorise you until further notice in writing to debit my/our account with you all amounts which Medical Assurance Society New Zealand Limited (hereinafter referred to as the Initiator), Head Office, PO Box 13042, Johnsonville, Wellington 6440, 19-21 Broderick Road, Johnsonville, Wellington 6037, Telephone **0800 800 627**, Facsimile (04) 477-0109, the registered initiator of the above authorisation code, may initiate by direct debit.

I/we acknowledge and accept that the bank accepts this authority only upon the conditions listed overleaf.

### Information to appear in my/our bank statement (to be completed by the Customer)

Payer particulars

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Authorised signature	Date	Authorised signature	Date

### For bank use only

Approved  00993 01 91	Date received	Recorded by	Checked by	Bank stamp
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Original - retain at branch. Duplicate - forward to initiator if requested.

If you would like to pay one annual lump sum, the following payment methods are also available to you:

**Internet banking** - our account number is **06-0541-0079700-00**, please quote your reference number.

**Credit card** - phone us on 0800 800 627 to pay by credit card. A 1.75% surcharge applies to credit card payments.

**Got a question? Call us free on 0800 800 627.**

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## Conditions of this authority to accept direct debits

### 1. The initiator:

- a) Undertakes to give written notice to the acceptor of the commencement date, frequency and amount at least 10 calendar days before the first direct debit is drawn (but not more than two calendar months). This notice will be provided either:
  - ii) in writing; or
  - iii) by electronic mail where the customer has provided prior written consent to the initiator. Where the direct debit system is used for the collection of payments which are regular as to frequency, but variable as to amounts, the initiator undertakes to provide the acceptor with a schedule detailing each payment amount and each payment date. In the event of any subsequent change to the frequency or amount of the direct debits, the initiator has agreed to give advance notice at least 30 days before changes come into effect. This notice must be provided either:
    - in writing; or
    - by electronic mail where the customer has provided prior written consent to the initiator.
- b) May, upon the relationship which gave rise to this authority being terminated, give notice to the bank that no further direct debits are to be initiated under the authority. Upon receipt of such notice the bank may terminate this authority as to future payments by notice in writing to me/us.
- c) May, upon receiving an 'authority transfer form' (dated after the day of this authority) signed by me/us and addressed to a bank to which I/we have transferred my/our bank account, initiate direct debits in reliance of that transfer form and this authority for the account identified in the 'authority transfer form'.

### 2. The customer may:

- a) At any time, terminate this authority as to future payments by giving written notice of termination to the bank and to the initiator.
- b) Stop payment of any direct debit to be initiated under this authority by the initiator by giving written notice to the bank prior to the direct debit being paid by the bank.
- c) Where a variation to the amount agreed between the initiator and the customer from time to time to be direct debited has been made without notice being given in terms of clause 1 a) above, request the bank to reverse or alter any such direct debit initiated by the initiator by debiting the amount of the reversal or alteration of the direct debit back to the initiator

through the initiator's bank, PROVIDED such request is not made more than 120 days from the date when the direct debit was debited to my/our account.

### 3. The customer acknowledges that:

- a) This authority will remain in full force and effect in respect of all direct debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this authority until actual notice of such event is received by the bank.
- b) In any event this authority is subject to any arrangement now or hereafter existing between me/us and the bank in relation to my/our account.
- c) Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the bank except in so far as the direct debit has not been paid in accordance with this authority. Any other dispute lies between me/us and the initiator.
- a) Where the bank has used reasonable care and skill in acting in accordance with this authority, the bank accepts no responsibility or liability in respect of:
  - accuracy of information about direct debits on bank statements.
  - any variations between notices given by the initiator and the amounts of direct debits.
- e) The bank is not responsible for, or under any liability in respect of the initiator's failure to give written advance notice correctly nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the initiator.
- f) Notice given by the initiator in terms of clause 1 a) to the debtor responsible for the payment shall be effective. Any communication necessary because the debtor responsible for payment is a person other than me/us is a matter between me/us and the debtor concerned.

### 4. The bank may:

- a) In its absolute discretion conclusively determine the order of priority payment by it of any monies pursuant to this or any other authority, cheque or draft properly executed by me/us and given to or drawn on the bank.
- b) At any time terminate this authority as to future payments by notice in writing to me/us.
- c) Charge its current fees for this service in force from time-to-time.
- d) Upon receipt of an 'authority to transfer form' signed by me/us from a bank to which my/our account has been transferred, transfer to that bank this authority to accept direct debits.