

# Fire Protection Impairment Form

All impairments to fire protection systems exceeding 8 hours should be reported to Chubb Insurance New Zealand Limited, with a cc copy to your broker, by email/fax at least 48 hours in advance where possible. All impairments should be authorized and strictly controlled by Site Management. All work should be recorded in a Log Book.

**To Chubb Insurance New Zealand Limited Risk Management Services**  
**E fireimpairment.NZ@chubb.com**  
**F +64 9 303 1909**

CC		Email:		Fax:	
Other		Email:		Fax:	
Company Name:					
Location:					
Impairment From:	Date: / /	Time:			
Impairment To:	Date: / /	Time:			

Impairment duration is the period when the water supplies or the installations are isolated.  
 All systems must be reinstated overnight unless approved by Management.

**Equipment Affected:**

- |                                    |  |  |  |                                      |
|------------------------------------|--|--|--|--------------------------------------|
| <input type="checkbox"/> Sprinkler | <input type="checkbox"/> Thermal Detection | <input type="checkbox"/> Smoke Detection | <input type="checkbox"/> Manual Fire Alarm | <input type="checkbox"/> Riser Mains |
| <input type="checkbox"/> Hydrants  | <input type="checkbox"/> Fire Pumps        | <input type="checkbox"/> Fire Doors      | <input type="checkbox"/> Other:            |                                      |

Precautions Taken:	Fire Brigade Notified	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Cutting & welding or other hot work banned	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Extra fire extinguishers provided in the impairment area	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Extra supervision of the impairment area	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Area of impairment minimized (i.e. Part of floor or building)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Draining of sprinkler system completed after the majority of alterations have been completed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other precautions:		<input type="checkbox"/> Yes <input type="checkbox"/> No

Notified by:	Name:		Position:	
	Phone:		Email:	
	Signature:			

System Restored:	Water supplies/fire pumps	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Fire Indicator Panel	<input type="checkbox"/> Yes <input type="checkbox"/> No
	All valves restored to normal operating condition	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Automatic alarm to fire brigade restored	<input type="checkbox"/> Yes <input type="checkbox"/> No

Restored:	Date:		Time:	
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Notified by:	Name:		Position:	
	Phone:		Email:	
	Signature:			

## Privacy Statement

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We are committed to protecting the privacy of persons covered under this Policy. We collect, use and retain personal information in accordance with the principles in the Privacy Act 1993.

### Personal Information Handling Practices

#### *Collection, Use and Disclosure*

We collect a Covered Person's personal information (which may include health information) when they are applying for, changing or renewing an insurance policy with Us or when We are processing a claim, complaint or dispute. We collect the information to assess applications for insurance, to provide Covered Persons or their organisations with competitive insurance products and services and administer them, to handle any claim, complaint or dispute that may be made under a policy. If a Covered Person does not provide Us with this information, We may not be able to provide them or their organisation with insurance or to respond to any claim, complaint or dispute.

We may disclose the information We collect to third parties, including contractors and contracted service providers engaged by Us to deliver Our services or carry out certain business activities on Our behalf (such as actuaries, loss adjusters, claims investigators, claims handlers, professional advisers including doctors and other medical service providers, credit reference bureaus and call centres), other companies in the Chubb group, insurance and reinsurance intermediaries, other insurers, Our reinsurers, and government agencies (where We are required to by law). These third parties may be located outside New Zealand.

### A Covered Person's Choices

In dealing with Us, a Covered Person agrees to Us using and disclosing their personal information as set out above. This consent remains valid unless the Covered Person alters or revokes it by giving written notice to Our Privacy Officer.

From time to time, We may use a Covered Person's personal information to send them offers or information regarding Our products that may be of interest to them. If a Covered Person does not wish to receive such information, please contact Our Privacy Officer using the contact details provided below.

### How to Contact Us

If a Covered Person would like to access a copy of their personal information, or to correct or update their personal information, or if they have a complaint or want more information about how We are managing their personal information, please contact the Privacy Officer by posting correspondence to Chubb Insurance New Zealand Limited, PO Box 734, Auckland; telephoning: +64 (9) 3771459; or emailing [Privacy.NZ@chubb.com](mailto:Privacy.NZ@chubb.com)

## Fair Insurance Code

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We are a member of the Insurance Council of New Zealand (ICNZ) and a signatory to ICNZ's Fair Insurance Code (the Code). The objectives of the Code are to establish high standards of service, promote confidence in the general insurance industry and improve relationships between insurers and their customers. Further information about the Code is available at [www.icnz.org.nz](http://www.icnz.org.nz) and on request.

## Contact Us

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Chubb Insurance New Zealand Limited  
CU1-3, Shed 24  
Princes Wharf  
Auckland 1010  
PO Box 734  
Auckland 1140  
O +64 9 377 1459  
F +64 9 303 1909  
[www.chubb.com/nz](http://www.chubb.com/nz)

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