

Liability notification claim form



PERSONAL <input type="checkbox"/>	COMMERCIAL <input type="checkbox"/>	LOSS TYPE
INSURANCE COMPANY	CLIENT NO IF KNOWN	ROTHBURY CLAIM REFERENCE NO
POLICY NO	EXCESS	DUE DATE

FOR OFFICE USE ONLY

PURSUANT TO THE PRIVACY ACT 1993 THE FOLLOWING IS BROUGHT TO YOUR ATTENTION:

- a This claim form collects personal information about you
- b The information is collected to evaluate your claim
- c The intended recipient of the information is:

herein after called ("the Company") and is being held by them at
- d The collection of this information is required pursuant to the terms of your insurance policy
- e The failure to provide this information may result in your claim being declined
- f You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993

01 POLICY HOLDER

Full name of insured (Mr/Mrs/Miss/Ms) <input type="text"/>	Home telephone <input type="text"/>	Business telephone <input type="text"/>
Address <input type="text"/> <input type="text"/> <input type="text"/>	Mobile telephone <input type="text"/>	
	Email address <input type="text"/>	

02 POLICY DETAILS

Policy Type – please **Public Liability** Statutory Liability Trustees Liability Other
 Professional Indemnity Directors & Officers Associations Liability Consequential Loss

Policy number

Limit of Indemnity \$ Excess \$

03 THE ACCIDENT, LOSS OR CIRCUMSTANCE

Where did the accident occur? Please provide the address details of the location.

If not in New Zealand, please advise the country and full details of the location.

Do you have a parent company, subsidiary brand or agent at the overseas location of the accident?

Y N

If Yes, please provide full details.

When did the accident occur? Please provide the date and time.

Please provide full details of the accident, loss or circumstance.

When did you first become aware of the accident?

Were there any witnesses? Y N

If Yes, please provide their full name, address and contact details.

In your opinion, who is responsible for the accident and why? Please provide details.

If responsible party is another person or entity besides yourself, are they insured?

Y N Don't know

04 PROPERTY DAMAGE

Details of the property damaged:

Was the property under your care, custody or control?

Y N

Have you or any of your employees and/or contractors, subcontractors admitted responsibility in any way?

Y N

If Yes, please provide details:

Who owns the damaged property?

Is there other insurance that may apply to the damage caused?

Y N Don't know

If Yes, please provide details of: the party holding the insurance, type of policy and insurer

Have you done anything to reduce the damage or loss?

Y N

If Yes, please provide details:

05 THE CLAIMANT

Has any claim been made against you in connection with this accident?

Y N

If Yes, please provide details:

Estimated or Actual cost of Damage (if known):

\$

Have you received any written notice or correspondence about the claim? If Yes, please provide a copy.

Y N

Name, address and phone number of the Claimant:

Is the Claimant related to you in any way?

Y N

If Yes, please provide details:

What is the nature of the allegations that have been made against you?

Was the work undertaken subject to a written or oral contract?

Please provide either a copy of the contract or details of the terms of the contract.

06 DIRECT CREDIT AUTHORITY

If you would like any payment due to be paid direct to a bank account, please provide account details:

Name of Account

BANK

BRANCH

ACCOUNT NUMBER

SUFFIX

07 DECLARATION / PRIVACY ACT 1993

I/We declare that to the best of my/our knowledge and belief these particulars are complete and correct and I/We have not withheld or mis-stated any material information which may directly or indirectly affect this claim.

I/We

- (a) agree to give any further information that may be required;
- (b) understand you require this personal information, which will be retained by Rothbury Insurance Brokers so that you can evaluate my/our claim;
- (c) authorise you to obtain details of claims made by me/us under policies with other insurers and personal information about me/us that is in your view potentially relevant to this claim;
- (d) understand that I/we have certain rights of access to and correction of the personal information held by you.

This information is required under the terms of your policy. Failure to provide it may result in your claim being declined.

Signature of Policyholder/Insured

Position

Date

SIGN
HERE