

Broadform Liability

Notification of claim or Circumstances out of which a claim might arise



Business Insurance for
a growing New Zealand

Policy number _____

- ▶ WARNING: If you supply any untrue or false information and know that it is not true NZI shall have the right to refuse the claim
- ▶ Please answer all the questions on this form. If a question does not apply to your claim, please answer "N/A"
- ▶ Under no circumstances should liability be admitted or any offer of settlement be made without NZI's prior written approval
- ▶ Do not include any comment which could be construed as an admission of liability.

Insured's details

Name of Insured: _____ Contact: _____

Postal Address: _____

Phone No: _____ Fax No: _____ Email: _____

Details of claim or potential claim circumstance

1. Where did this accident happen? (please give the full address or details of the location)

2. When did it happen? (please give date and time) _____

3. When did you first know about it? _____

4. How did the accident happen? (please give full details)

5. Where there any witnesses? Yes No

If 'Yes', please give details (include name, address, contact phone etc.)

6. Who do you think is responsible for the accident and why?

Please give details below

7. Did the accident happen in New Zealand? Yes No

If 'No', where did it happen? _____

Do you have a parent company, subsidiary branch or agent there? Yes No

If 'Yes', please give details _____

Details of property damaged

1. Details of property damaged _____

2. Was the property under your care, custody or control? Yes No
3. Had you previously agreed to be responsible for any such damage? Yes No
4. Who owns the damaged property? _____

5. Was the damaged property insured? Yes No Don't know
If 'Yes', give the name of the insurance company _____
6. Had you done anything to reduce or make good the loss or damage? Yes No
If you have answered 'Yes', please give details below

Details of claimant

1. Has any claim been made against you in connection with this accident? Yes No
If 'Yes', please answer questions 2-4 below
2. Name of Claimant: _____ Contact Phone No: _____
Address: _____

3. Please tick any of these which apply to the claimant
related to you employed by you a member of your household your agent
your employer your neighbour your landlord
4. Have you received any written notice or correspondence about the claim? Yes No
If 'Yes', please give details or attach a copy

Declaration and signature

I / We declare that:

1. Material Facts:

- (a) All information given to NZI, a business Division of IAG New Zealand Limited, in connection with this claim (whether written or oral) is true and correct;
- (b) No information relevant to this claim is omitted;

2. Use of Information:

- (a) My / our personal information collected by NZI in connection with this claim may be disclosed to other members of the insurance industry and Insurance Claims Register Ltd;
- (b) My / our personal information held by any other parties in connection with this claim may be disclosed to NZI
- (c) Details of my / our claims made under policies with other members of the insurance industry may be disclosed to NZI

3. Please Note:

- ▶ We gather information about you (including your claims history) to consider your claim. The terms of your insurance policy require you to supply this information, and if you refuse to provide it, we may decline your claim.
- ▶ This information is held by us and you may access it.
- ▶ Your claims history is passed onto, and held by, Insurance Claims Register Ltd. This enables other insurers you deal with to access it, and prevents fraudulent claims.

SIGNATURE: _____ **DATE:** ____ / ____ / ____