

LIABILITY CLAIM FORM

Pursuant to the Privacy Act 1993 the following is brought to your attention:

This form collects personal information about you;

The information is collected to evaluate your claim.

The intended recipient of the information is:

Herein after called (“the company”) and is being held by them at:

The collection of this information is required pursuant to the terms of your insurance policy;

The failure to provide this information may result in your claim being declined;

You have the rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993

Insured or Company Details

| | | | |
|-------------------------|--|----------|--|
| Insured Name or Company | | | |
| Contact Person | | | |
| Phone Number(s) | | | |
| Email | | | |
| Street Address | | | |
| Town / City | | Postcode | |

Policy Details

| | | |
|---------------|--------------------|--------|
| Policy Number | Limit of Indemnity | Excess |
| | | |

Policy Type

| | | |
|------------------------|------------------------|---------------------|
| Public Liability | Employers Liability | Statutory Liability |
| Professional Liability | Associations Liability | Trustees Liability |
| Directors & Officers | Consequential Loss | Employment Disputes |
| Other (please advise) | | |

Claim Details

| | | | |
|-----------------------------------|-----|----------|--------------|
| Date of Incident | | Time | |
| Address of Incident | | | |
| Town / City | | Postcode | |
| When were you first advised | | Who by | |
| Were there any witnesses | Yes | No | Details |
| Who is responsible | | | Why |
| Has a claim been made against you | Yes | No | Approx. cost |

Please provide full details of how the loss / damage occurred

| Third Party Details | | | |
|---|-----|----------|--|
| Name | | | |
| Address | | | |
| Town / City | | Postcode | |
| Phone Number(s) | | | |
| Email | | | |
| Relationship to you | | | |
| Financial interest <small>(in you or your company)</small> | | | |
| Is there any correspondence, photos and/or relevant contract(s) between you and the Third Party | Yes | No | |
| If you have answered yes to any question, please provide details and/or attachments | | | |
| | | | |

| Other Details | | | |
|---|-----|----|-----|
| Was the Incident reported to the Police | Yes | No | |
| Police File Number | | | |
| Has anyone admitted liability | Yes | No | Who |
| Please provide full details | | | |
| | | | |

| Declaration must be signed by the Policy Holder | | | |
|---|--|-----------|--|
| <p>Note: Failure to provide full and truthful information could result in the Claim being declined.</p> <p>I/We declare that to the best of my knowledge the details provided in this claim form are true.</p> <p>I/We agree to PSC Connect NZ Limited and the Insurance Company (and/or their agent) with whom I am insured may disclose my/our personal information regarding this claim to:</p> <ul style="list-style-type: none"> a) Other parties including other members of the Insurance Industry and the data base of the Insurance Claims Register (ICR Ltd) PO Box 474, Wellington where it will be retained and made available to other insurance companies to inspect. b) Parties who have a financial interest in the subject matter of the policy and parties repairing or replacing the subject matter of the claim. c) I/We understand that I am / We are entitled to have certain rights of access to and correction of the personal information held by PSC Connect NZ Limited and the Insurer and ICR Ltd. <p>I/We agree to PSC Connect NZ Limited and the Insurer obtaining personal information about me/us that is, in their view, relevant to this claim.</p> <p>From any other party including other members of the Insurance Industry and from Insurance Claims Register Ltd (ICR) which holds details of claims made by me/us under policies with other insurers.</p> <p>All information and answers (whether written or oral) given to PSC Connect NZ Limited and the Insurance Company in connection with this claim are correct and that no information relevant to the claim has been omitted. I/We authorise PSC Connect NZ Limited and the Insurance Company to act on my/our behalf.</p> | | | |
| Name | | Signature | |
| Position | | Date | |