

# Claim Form

## General Liability



### IMPORTANT NOTICE

- Please read the Claim Form fully before answering the questions.
- The Claim Form is to be signed by the Insured or their authorised representative.
- All questions must be answered as fully as possible.
- Please use additional sheets if necessary and attach copies of relevant documentation. Relevant documentation includes but is not limited to copies of your retainer, any written demands, or court documents.
- If you have any questions in relation to the completion of the Claim Form, please contact your insurance advisor or broker.

#### Section 1

#### Details of the Insured

Insured Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

#### Section 2

#### Policy Details

Policy No: \_\_\_\_\_ Policy Period: \_\_\_\_\_

1. Is there any other insurance that may be applicable to this notification? Yes [  ] No [  ]

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Policy Holder: \_\_\_\_\_

Insurer: \_\_\_\_\_

Type of Insurance: \_\_\_\_\_ Period of Insurance: \_\_\_\_\_

2. Has the matter been notified to that insurer? Yes [  ] No [  ]

**Section 3 | Details of the Claimant**

Full name of the Claimant or potential Claimant: (i.e. the party making the claim or potential claim against you or the firm/company)

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Address of the Claimant: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

**Section 4 | Particulars of Accident / Incident**

1. Date of accident/incident: \_\_\_\_\_ Time: \_\_\_\_\_

2. Date reported to you: \_\_\_\_\_ Time: \_\_\_\_\_

3. Exact location of accident/incident:

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4. Describe the accident/incident in as much detail as possible:

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5. Have you or any of your employees and/or subcontractors admitted responsibility in any way? Yes [ ] No [ ]

If YES, please provide details of admission:

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## Section 5 | What is Being Claimed?

1. Description and nature of property damage and/or injuries:

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2. Has the third party advised you that they will be pursuing a recovery against you? Yes  No

3. Amount being claimed (if known) \$: \_\_\_\_\_

4. Please attach any documentation for any claims against you.

## Section 6 | How was it Reported?

1. How was the incident reported to you:

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a. By whom: \_\_\_\_\_

b. Address: \_\_\_\_\_

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c. In Person  By Telephone  By Letter  Other (Please specify)

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2. To whom was the incident reported:

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a. By whom: \_\_\_\_\_

b. Address: \_\_\_\_\_

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Position title: \_\_\_\_\_ Contact Number: \_\_\_\_\_

3. If reported in person, were they on their own? Yes  No

If NO, Assisted by  or Escorted by

a. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

b. Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Work Contact Number: \_\_\_\_\_

## Section 7 | List of Documents Attached

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## Section 8 | Declaration

The undersigned declares that the statement and particulars provided in connection with this claim (whether written or oral) are true and that no material facts have been misstated or suppressed after enquiry. The undersigned agrees that should any of the information given by us alter, the undersigned will give immediate notice thereof. The undersigned agrees that the Underwriters may use and disclose our personal information in accordance with the 'Privacy Collection Statement'. The undersigned agrees that this Claim Form, together with all other information supplied to us, shall form part of the claim thereon.

Full Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: / /

**IT IS IMPORTANT THE UNDERSIGNED OF THE DECLARATION ABOVE IS FULLY AWARE OF THE SCOPE OF THIS CLAIM SO THAT THESE QUESTIONS CAN BE ANSWERED CORRECTLY. IF IN DOUBT, PLEASE CONTACT THE BROKER OR AGENT, SINCE NON-DISCLOSURE MAY AFFECT AN INSURED'S RIGHT OF RECOVERY UNDER THE POLICY.**

We recommend that you keep a record of all information supplied (including copies of this Claim Form and correspondence).

### Privacy Collection Statement

We are committed to protecting your privacy and complying with the Privacy Act 2020 (NZ) ('Privacy Act').

We use your information to assess the risk of providing you with insurance, provide quotations, issue policies and assess and manage claims, on behalf of the insurers we represent. If you do not provide us with full information, we may not be able to provide insurance or assess and manage a claim. If you provide us with information about someone else, you must obtain their consent to do so.

We may provide your personal information to the insurer we represent, insurance regulators and other insurance bodies such as the Insurance Council of New Zealand. We may also provide your information to your broker and any third party claims service providers (such as claims management companies, parties repairing or replacing the subject matter, loss adjusters and appointed law firms (and the like)). If a recipient is not regulated by laws which protect your information in a way that is similar to the Privacy Act, we will take reasonable steps to ensure that they protect your information in the same way we do or seek your consent before disclosing your information to them. We do not trade, rent or sell your information.

Our Privacy Policy contains more information about how to access and correct the information we hold about you and how to make a privacy related complaint, including how we will deal with it. By providing us with your personal information, you consent to its collection and use as outlined above and in our Privacy Policy. Ask us for a copy of our Privacy Policy via email at [privacy@dualnewzealand.co.nz](mailto:privacy@dualnewzealand.co.nz) or access it via our website using the following [link](#).