

# Claim Form

## Statutory 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. Are there any other insurance policies that may be applicable to this notification? Yes [  ] No [  ]

If Yes, please provide the following details:

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(s) or potential Claimant(s): (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 | Details of the Claim or Circumstances

1. What is the precise nature of the claim (i.e. the Claimant's allegations) or the fact or circumstance that might give rise to a claim? Please elaborate on the following:

On what date did you first become aware of the claim or the fact or circumstances which may give rise to a claim?

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What is the amount claimed against (if known)? \_\_\_\_\_

What are your comments in response to the claim or the fact or circumstances that may give rise to a claim? \_\_\_\_\_

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In your opinion, how could this matter be best resolved? \_\_\_\_\_

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2. Was the claim or the intimation of a claim made verbally? Yes [  ] No [  ]

If YES, please provide details of admission:

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3. Was the claim or the intimation of a claim made in writing? Yes [  ] No [  ]

If YES, please attach a copy of this together with any correspondence relating to the written demand.

4. Have proceedings been issued against you? Yes [  ] No [  ]

If YES, please attach a copy of the court documents together with any correspondence relating to the proceedings.

## Section 5 | Details of the Insured's Response

1. Are there any other parties which may have contributed to the claim or circumstance which may give rise to a claim? Yes [ ] No [ ]

If YES, please provide details:

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2. Have you obtained legal representation to act on your behalf? Yes [ ] No [ ]

If YES, please provide details of their name, firm, address and charge out rates:

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**If you answered NO, per the terms and conditions under the Policy, please note that you should not obtain legal representation without DUAL's prior consent.**

## Section 6 | 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](#).