

liability notification claim form

Vero Liability Insurance Limited
Level 12 Vero Liability House
52 Swanson Street
Private Bag 92055
Auckland
New Zealand



In accordance with the conditions of the policy under no circumstances should liability be admitted or any offer of settlement be made without the prior written consent of Vero Liability Insurance Limited.

This form must be completed by a person authorised to do so on behalf of the Policyholder / Insured.

All questions must be answered as fully as possible (use additional pages if necessary).

1. policyholder(s) / insured details

Insured Name	<input type="text"/>		
Postal Address	<input type="text"/>		
Telephone No	<input type="text"/>	Facsimile No	<input type="text"/>
Contact Person	<input type="text"/>	Email	<input type="text"/>

2. policy details

Policy Type

- Please (✓) Public Liability Employers Liability Statutory Liability Employment Disputes Consequential Loss
- Professional Indemnity Directors & Officers Associations Liability Trustees Liability Other

Policy Number Limit of Indemnity \$ Excess \$

3. third party details

Claimant Name

Does the Claimant have a direct or indirect financial interest in you? Yes No

Is the Claimant related to you in any other way? Yes No

If Yes, to either of the above questions, please explain

4. relevant dates

Date accident/possible error occurred giving rise to complaint, claim or possible claim

Date complaint, claim or intimation of claim first made

Date Insured first became aware of complaint, claim or possible claim

If you were aware of the existence of a complaint, claim or possible claim prior to insuring with Vero Liability Insurance Limited, have you advised the previous insurer? Yes No

5. past losses and current claims

Please list below all losses or circumstances (whether or not resulting in claims) paid or outstanding during the past five years:

Year of Loss	Description of Loss	Amount Paid	Amount Outstanding
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

6. nature of claim or circumstance

Explain the background events giving rise to complaint, claim or possible claim.

- Please attach copies of supporting correspondence and/or documentation
- Please refrain from offering any view about fault, blame or liability

7. quantum at issue

Amount of claim or estimate of claimant's alleged loss

\$

8. 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 you at 52 Swanson Street, Auckland 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

Date

/ /

Vero Liability Insurance Limited
Level 12 Vero Liability House 52 Swanson Street
Private Bag 92055 Auckland New Zealand
Telephone 09 306 0350 Facsimile 09 306 0351

www.veroliability.co.nz