



Liability

Claim form

The company does not admit liability by the issue of this form. It is issued to enable the insured to lodge a written statement of claim

Please note that all sections of the claim form are to be completed by the Insured and that failure to provide complete information may delay the processing of the claim.

If there is insufficient space on this form please attach extra material as necessary.

1 Important information

- Do not admit liability - Ask for any claim to be put in writing and refer all correspondence to Zurich Australian Insurance Limited (ZAIL Incorporated in Australia) Trading as Zurich New Zealand.
- Make sure you give us all the details about your claim. Attach a separate sheet if you have insufficient space on this form.
- Send all quotations you have received to repair or replace damaged property or invoices or receipts if the goods have already been repaired.

Fair Insurance Code

- Zurich New Zealand is a signatory to the Fair Insurance Code. For more information about the Fair Insurance Code please go to www.icnz.org.nz

Brokers please note: You can monitor the progress of a claim via Zurich Claims Online 24 hours a day, 7 days per week.

2 Insured

Name

Business or Trading name

Policy number

Address

Postcode

Postal address

Postcode

Occupation

Contact name

Phone number Private

Business

Mobile

Facsimile

Email

3 Details of Accident/Incident

Date / / Time am/pm Day

Location of accident/incident

Please provide a description of the accident/incident

2 Details of Accident/Incident (continued)

Please provide details of damaged property and/or injuries suffered

.....
.....
.....
.....
.....

Have you admitted responsibility/ liability for the incident? Yes No

Does the claim involve a product that you manufactured or supplied to another person? Yes No

If 'Yes', please provide details

.....
.....
.....
.....

Were emergency services such as ambulance, police or fire brigade contacted? Yes No

If 'Yes', please provide details and attach reports if available

.....
.....
.....
.....

Did the accident or injury arise out of the use of a motor vehicle? Yes No

Was the motor vehicle registered or required to be registered? Yes No

If unregistered, was the vehicle insured under a motor vehicle or other insurance policy? Yes No

Do you believe that another party or person is responsible? Yes No

If 'Yes', please provide details

.....
.....
.....
.....
.....
.....

3 Details of party or parties making claim against you

Name

Address Postcode

Phone number Private Business Mobile

Solicitor's name

Have you received a formal demand or claim from another person? Yes No

If 'Yes', has all correspondence including demands, contracts, quotes and invoices been attached? Yes No

Please note that any further correspondence or documentation received in relation to this claim should also be forwarded for attention.

4 Witnesses

Please note that any further correspondence or documentation received in relation to this claim should also be forwarded for attention.

Name

Address Postcode

Phone number Private Business Mobile

Relationship (eg. employee, family, friend, previously unknown)

Name

Address Postcode

Phone number Private Business Mobile

Relationship (eg. employee, family, friend, previously unknown)

Name

Address Postcode

Phone number Private Business Mobile

Relationship (eg. employee, family, friend, previously unknown)

Name

Address Postcode

Phone number Private Business Mobile

Relationship (eg. employee, family, friend, previously unknown)

Name

Address Postcode

Phone number Private Business Mobile

Relationship (eg. employee, family, friend, previously unknown)

5 Privacy and Declaration

Pursuant to the PRIVACY ACT 1993 the following is brought to your attention

- (a) This claim form collects personal information about you
- (b) The information is collected to evaluate your claim
- (c) The intended recipient of the information is Zurich New Zealand
- (d) The information is being collected and held by Zurich New Zealand, P.O. Box 497, Shortland Street, Auckland 1140
- (e) The collection of this information is required pursuant to the terms of your insurance policy;
- (f) The failure to provide this information may result in you claim being declined;
- (g) You have the rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

DECLARATION: Note: Failure to provide full and truthful information could result in the claim being declined

- (a) I/We declare that the information given in this form is correct.
- (b) I/We authorise the disclosure of personal information held by any other party regarding this claim. I/We agree to Zurich New Zealand releasing to other parties personal information regarding this claim.
- (c) I/We authorise the insurer or its authorised agent to give or obtain from the other insurers or other parties any information relating to any insurance held or claim made.
- (d) I/We solemnly declare that the information given & contained in this document is true & correct by virtue of the Oaths & Declarations Act, 1957.
- (e) I/We acknowledge that if any information given is incorrect or has been concealed it may result in the claim being declined.
- (f) If I am a broker and I am completing this form, I confirm that I have been appointed as an agent of the Insured to complete and submit this form on behalf of that Insured.

Position

| | |
|-----------|------|
| Signature | Date |
| X | / / |