

Liability Claim Form

This form collects personal information about you so that the insurer can evaluate your claim. Failure to provide this information may result in your claim being declined. The collection of this information is required as part of the terms of your insurance policy. It will be held by, Vanguard Insurance Brokers Ltd and the insurer who received your claim. You have the rights of access to and correction of this information subject to the provisions of the Privacy Act 2020. Visit www.vanguardinsurance.co.nz to view our full Privacy Policy.

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

<input type="checkbox"/>	Public Liability	<input type="checkbox"/>	Employers Liability	<input type="checkbox"/>	Statutory Liability
<input type="checkbox"/>	Professional Liability	<input type="checkbox"/>	Associations Liability	<input type="checkbox"/>	Trustees Liability
<input type="checkbox"/>	Directors & Officers	<input type="checkbox"/>	Consequential Loss	<input type="checkbox"/>	Employment Disputes
<input type="checkbox"/>	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	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Details					
Who is responsible					
Why					
Has a claim been made against you	<input type="checkbox"/>	Yes	<input type="checkbox"/>	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 (in you or your company)					
Is there any correspondence, photos and/or relevant contract(s) between you and the Third Party	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
If you have answered yes to any question, please provide details and/or attachments					

Other Details				
Was the Incident reported to the Police	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Police File Number	<input type="text"/>			
Has anyone admitted liability	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Who	<input type="text"/>			
Please provide full details	<input type="text"/>			

Declaration must be signed by the Policy Holder

Note: Failure to provide full and truthful information could result in the Claim being declined.

I/We declare that to the best of my knowledge the details provided in this claim form are true.

I/We agree to **Vanguard Insurance Brokers Ltd** and the Insurance Company (and/or their agent) with whom I am insured may disclose my/our personal information regarding this claim to:

- 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 **Vanguard Insurance Brokers Ltd** and the Insurer and ICR Ltd.
- d. I/We understand that my/our personal information may be provided to overseas third party service providers and/or Insurers who may use this information either on our behalf or otherwise to process and evaluate the claim.

I/We agree to **Vanguard Insurance Brokers Ltd** and the Insurer obtaining personal information about me/us that is, in their view, relevant to this claim.

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.

All information and answers (whether written or oral) given to **Vanguard Insurance Brokers Ltd** 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 **Vanguard Insurance Brokers Ltd** and the Insurance Company to act on my/our behalf.

Name	<input type="text"/>	Signature	<input type="text"/>
Position	<input type="text"/>	Date	<input type="text"/>