



# LIABILITY CLAIM FORM

The issue of this form is not an admission of liability.

Client no.  
Policy no.  
Intermediary  
Expiry date


## PRIVACY STATEMENT

The Privacy Act 1993 applies and requires us to inform You that:

### Purpose of collection

We collect personal information (this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) for the purposes of providing insurance services to you. This includes evaluating your application, evaluating any request for a change to any insurance provided; providing, administering and managing the insurance services following acceptance of an application; investigating and, if covered, managing claims made in relation to any insurance you have with us. The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose.

### Consequences if information is not provided

If you do not provide us with the information we need we will be unable to consider your application for insurance cover, administer your policy or manage any claim under your policy.

### Access

You can request access to the personal information by contacting us at our address shown on this form.

## THE INSURED - to be completed by the insured NOT the injured party

Name(s) of insured in full: \_\_\_\_\_ Home phone: \_\_\_\_\_

Address: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Postcode: \_\_\_\_\_

Occupation / trade: \_\_\_\_\_

Date and time of accident / theft: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM (delete whichever not applicable)

Situation or location where incident occurred: \_\_\_\_\_

Was someone injured?  Yes  No If Yes, by whom: \_\_\_\_\_

If Yes, state name, address and phone no. of injured person(s):

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Nature and extent of injury: \_\_\_\_\_

Was any property damaged?  Yes  No

If Yes, state name, address and phone no. of owner(s):

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Nature and extent of damage: \_\_\_\_\_

Amount being claimed: \$ \_\_\_\_\_ (Please attach relevant documents if available)

Is the person making the claim against you:

1. An employee of the insured?  Yes  No

2. An employee of a subcontractor?  Yes  No

3. A member of the insured's family?  Yes  No

4. Ordinarily resident in the insured's home?  Yes  No

Have you been notified of a claim against you?

1. Verbally?  Yes  No If Yes, by whom? \_\_\_\_\_

2. In writing?  Yes  No (If Yes, please attach correspondence)

State fully and clearly how the incident happened: \_\_\_\_\_

If someone was injured:

What type of safety clothing were they wearing? (e.g. gloves, safety glasses, type of shoes, etc.) \_\_\_\_\_

Did anything or anyone contribute to the incident? (Please give details)

If the injury was caused by the use of a motor vehicle:

Was the motor vehicle registered?  Yes  No Registration no.:

Owner details:

Name: Home phone:

Address: Mobile phone:

Postcode:

If the motor vehicle was unregistered, was it insured?  Yes  No

Name of insurer: Policy no.:

What was the motor vehicle being used for at the time of the event?

Did the incident arise from a product manufactured / supplied by the insured?  Yes  No

If Yes, when was the product manufactured / supplied?

Was the product manufactured / supplied as part of a written contract?  Yes  No (If Yes, please attach details)

Did someone else manufacture / supply some or all of the product?  Yes  No (If Yes, please attach details)

Details of your employee in charge at the time of the incident:  Mr  Mrs  Ms

Name: Home phone:

Address: Mobile phone:

Postcode:

Give names, addresses and phone numbers of all witnesses:

1. Name: Address: Phone:

2. Name: Address: Phone:

3. Name: Address: Phone:

**DECLARATION / SIGNATURE OF INSURED AND DRIVER**

I / We declare that all particulars stated above and statements made in support hereof are true and correct and that no information relevant to this has, to my knowledge been withheld and that no other person(s), to my knowledge have an interest in the said property.

The Insurance Claims Register Ltd (ICR), P.O. Box 474, Wellington holds details of claims made after 1 February 1998 policies issued by participating insurers. Participating insurers can check details of your claims history on the ICR. I agree that NTI may give to or obtain from ICR details of information relevant to this claim.

Any personal information collected by NTI may be disclosed to other members of the insurance industry, and any personal information held by other members of the insurance industry, may be disclosed to NTI. This includes claims related personal information provided by NTI to or held on the Insurance Claims Register Limited.

We may disclose your personal information, when necessary and in connection with the purposes listed above, to: your insurance broker or our agent; Government bodies; loss assessors; claim investigators; reinsurers; other insurance companies; claims reference providers; other service providers; hospitals; medical and health professionals; legal and other professional advisers.

Driver's signature: Date:

Address:

Insured's signature: Date:

Address:

Level 7, PWC Tower, 188 Quay Street AUCKLAND 1143 PO BOX 106 - 635, AUCKLAND 1143 T: 0800 684 247 F: 09 919 2034  
NTI is managed by NTI New Zealand Limited as agent for IAG New Zealand as insurer.  
www.ntinz.co.nz

IAG New Zealand Limited has a credit rating of "AA-" as issued by Standard & Poor's on 3 November 2011.

AAA: Extremely strong	A: Strong	BB: Marginal	CCC: Very Weak	R: Regulatory Action
AA: Very Strong	BBB: Good	B: Weak	CC: Extremely Weak	NR: Not Rated

Plus (+) or minus (-) signs following ratings from "AA" to "CCC" show relative standing within the major rating categories.