

Public Liability Claim Form

If you need any help with this form, please contact the nearest NZI Office or your insurance advisor.



- We recommend that you read the Claims section of your policy.
- Please answer all the questions on this form. If a question does not apply to your claim, please answer "N/A".
- You must not incur any expense (unless it is to minimise the loss), or admit fault, without our permission.

**Part A:
THE
INSURED**

Name of Insured:

Postal Address:

Best contact Phone No: Best time to contact:

Alternative contact:

**Part B:
THE
ACCIDENT**

1. Where did the accident happen? (please give the full address or details of the location)
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2. When did it happen? (please give date and time)
3. When did you first know about it?
4. How did the accident happen? (please give full details)
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.....
.....
5. Were there any witnesses? Yes No
If "Yes", please give details (include name, address, contact phone etc.)
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.....
6. Who you think is responsible for the accident and why?
Please give details below
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.....
7. Did the accident happen in New Zealand? Yes No
If "No, where did it happen?

Do you have a parent company, subsidiary branch or agent there? Yes No
If "Yes", please give details
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OFFICE USE: Policy No..... Branch.....

**Part C:
PROPERTY
DAMAGE**

1. Details of property damaged

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2. Was the property under your care, custody or control? Yes No

3. Had you previously agreed to be responsible for any such damage? Yes No

4. Who owns the damaged property?

.....

5. Was the damaged property insured? Yes No Don't know

If "Yes" give the name of the insurance company.....

6. Have you done anything to reduce or recover the loss or damage? Yes No

If you have answered "Yes", please give details below

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**Part D:
THE
CLAIMANT**

1. Has any claim been made against you in connection with this accident? Yes No

If "Yes", please answer questions 2 - 4 below

2. Name of Claimant..... Contact Phone No.....

Address.....

3. Please tick any of these which apply to the claimant

related to you employed by you a member of your household your agent

your employer your neighbour your landlord

4. Have you received any written notice or correspondence about the claim? Yes No

If "Yes" please give details or attach a copy

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**Part E:
DECLARATION
AND
SIGNATURE
Please read
and sign**

I declare that:

1. Material Facts:

(a) All information given to NZI in connection with this claim (whether oral or written) is true and correct;

(b) No information relevant to the claim is omitted;

2. Use of Information:

(a) My personal information collected by NZI in connection with this claim may be disclosed to:

(i) other members of the insurance industry and Insurance Claims Register Ltd;

(ii) parties repairing or replacing the subject matter of the claim;

(iii) parties who have a financial interest in the subject matter of the policy;

(b) My personal information held by any other parties in connection with this claim may be disclosed to NZI.

Please note:

- We gather information about you (including your claims history) to consider your claim. The terms of your insurance policy require you to supply this information, and if you refuse to provide it, we may decline your claim.
- This information is held by us and you may access it. It may be passed onto other insurers you deal with, repairers and mortgagees etc.
- Your claims history is passed onto, and held by, Insurance Claims Register Ltd. This enables other insurers you deal with to access it, and prevents fraudulent claims.

Signed On Behalf **Date**

Of All Insureds