

Claim form

Liability



This form is issued by the Company to enable the Insured to lodge a written statement of a claim for indemnity under the policy. It does not constitute admittance of a liability to indemnify.

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.

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.
- In the event of a Claim, Zurich New Zealand will:
 - Within 10 business days of receipt of your claim we will notify your broker (or you) of our decision as to whether the claim has been accepted or not or, advise you if we require additional information and/or if we have appointed a loss assessor/Investigator.
 - For claims where additional information is required we will make a decision within 20 business days, dependant upon the time required for you (or other independent parties) to respond to a request for additional information. If we are reasonably satisfied that all the relevant information pertaining to the claim has been made available, we will then decide to accept or deny the claim and notify you of our decision within the above timeframe.
- In some cases, due to unusual circumstances or the complexity of a claim (such as liability claims), these timeframes may not be practical and we will agree an alternate timeframe with your broker or you to make a decision on your claim. If we cannot reach an agreement, you are able to access our complaints handling procedures.

Insured

Name		
Business or Trading name		
Policy number		
Address		Postcode
Postal address		Postcode
Occupation		
Contact name		
Phone number – Private	Business	Mobile
Facsimile	Email	

Details of party or parties making claim against you

Name

Address State 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.

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)

Declaration

I declare that all information provided in respect of this claim is true and correct and that no relevant information has been withheld.

Name (Please print)

Signature	Date
X	/ /