

Claim Form

- This form must be completed by a partner or director or principal of the insured. Any questions which are not fully within that person's knowledge must be investigated to obtain such knowledge.
- Liability must not be admitted, nor any offer of settlement made, without prior written consent of Chartis.

PolicyHolder Details

Policy number Expiry date / /

Name of Insured

Postal Address

Broker Phone [] Email

Who should we contact to discuss the claim?

Name Position

Phone [] Email/Fax

Employee / Claimant Details

Name Date Employed / /

Employment position

Relationship to Employer (Permanent/temporary/volunteer/ part-time/contractor etc)

Has the employee left YES / NO Give details of circumstance

Claim Circumstance

Has an allegation or intimation of claim been made yet? YES / NO On what date was it made / /

What amount has been claimed?

Have proceedings been issued? YES / NO **Please attach a copy**

When was the Employer first aware of a potential grievance? / /

Give full details of the allegation and circumstance and attach any correspondence.
(If allegations verbal only, the person concerned to complete a full account of the conversation)

Continued over page

Please comment fully in answer to the allegation or circumstance.

Have you taken legal advice on this matter?

YES / NO

If yes please advise name of law firm

Name of partner instructed

Phone

Email/fax

Declaration & Privacy Consent

I/we(print name/s in full)

with full authority of the Insured, declare on behalf of the Insured that the above answers are true and acknowledge that Chartis Insurance New Zealand Limited ('Chartis') may rely on such answers in determining indemnity. I/we have not concealed any material fact relating to this circumstance.

I/we undertake to render Chartis every assistance in my/our power in dealing with the matter. I/we understand and acknowledge that failure to co-operate with Chartis and to provide all information relevant or potentially relevant to the circumstance for the efficient conduct of their assessment of indemnity or management of any claim or potential claim which may arise from the circumstance, may result in my/our claim being denied.

Privacy

Important

Chartis treats all matters disclosed and discussed about our insureds as confidential and will only disclose such information externally if necessary to administer, investigate or manage a claim, unless otherwise required by law. In compliance with the Privacy Act 1993 we need to obtain consent to collect and disclose personal information.

I/we consent to Chartis, in accordance with the Privacy Act 1993:

1. Collecting holding and using any personal information submitted with this form for purpose of administering a claim including investigating, assessing and paying any claim made by me/us or on my/our behalf;
2. Disclosing personal information submitted to another member of the Chartis Group of companies in New Zealand or overseas, their staff members located outside New Zealand, the insured policyholder, other insurers and re-insurers, law enforcement agencies, investigators, lawyers, assessors, advisors and the agent of any of these, insurance broker, insurance agent or intermediary, employer for the purpose of administering my claim or providing a report.
3. Where I/we have provided information about another individual, I/we have also obtained that individual's consent to the above.

Information is provided to Chartis voluntarily, however if we do not collect this information we may not be able to assess a claim. Insured persons have rights of access and correction to their personal information under the Privacy Act 1993. Further information about rights of access and correction and privacy complaints can be obtained by emailing privacy.officerNZ@chartisinsurance.com

Signature

Date

Please print out this form for signatures and post original with copies of any documents relating to this circumstance to your broker.

Please attach separate sheet if insufficient space provided for any part of this claim notification form.

Chartis
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