

Statutory Liability Notification of Circumstance

# 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.

Policy number	<input type="text"/>	Expiry date	<input type="text"/>
Name of Insured	<input type="text"/>		
Postal Address	<input type="text"/>		
Broker	<input type="text"/>	Phone	<input type="text"/>
		Email	<input type="text"/>
Who should we contact to discuss the claim?			
Name	<input type="text"/>	Position	<input type="text"/>
Phone	<input type="text"/>	Email/Fax	<input type="text"/>
Has an allegation or intimation of claim been made yet?	<input type="text"/>		
On what date was it made	<input type="text"/>		
Was anyone in the Insured entity aware of the potential threat of liability or the circumstance before that date?	<input type="text"/>		
	<input type="text"/>		
Give details of who and when	<input type="text"/>		
Which government body has advised of an intention to prosecute?	<input type="text"/>		
Under which Statute?	<input type="text"/>	Under which sections?	<input type="text"/>
How much is claimed or intimated?	<input type="text"/>		
What is your estimate of the amount at risk?	<input type="text"/>		
Have proceedings been issued?	<input type="text"/>	<b>Please attach a copy</b>	
Give full details of the allegation and attach any correspondence. If allegations verbal only, the person concerned to complete a full account of the conversation (attach a statement if required)			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
Please comment fully in answer to the allegation or circumstance.			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			

Have you taken legal advice on this matter?  If yes please advise name of law firm

Name of partner instructed  Phone

Email/fax

NB: CHARTIS will not unreasonably withhold approval for any legal appointments but will exercise its entitlement to associate in the management of the defence. Please instruct your counsel to provide full information accordingly

## 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 Insurance New Zealand Limited (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 Chartis company, its staff members, 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  
PO Box 1745, Shortland Street  
Auckland 1140  
New Zealand  
+64 9 355 3100 Telephone  
+64 9 355 3135 Facsimile  
www.chartisinsurance.co.nz