

Claim Notification Form



In accordance with the conditions of the policy under no circumstances should liability be admitted or any offer of settlement be made without the prior written consent of Vero Liability Insurance Limited.

This form must be completed by a person authorised to do so on behalf of the Policyholder / Insured.

All questions must be answered as fully as possible (use additional pages if necessary).

Policyholder(s) / Insured Details

Insured Name

Postal Address

Postcode

Telephone

Contact Person

Direct Dial

E-mail

Policy Details

Policy Type – Please select from the options provided

- Public Liability Employers Liability Statutory Liability Trustees Liability Professional Indemnity
 Directors & Officers Associations Liability Consequential Loss Other

Policy Number

Limit of Indemnity \$

Excess \$

Third Party Details

Claimant Name

Does the Claimant have a direct or indirect financial interest in you?

Yes

No

Is the Claimant related to you in any other way?

Yes

No

If Yes, to either of the above questions, please explain

Relevant Dates

Date accident/possible error occurred giving rise to complaint, claim or possible claim

Date complaint, claim or intimation of claim first made

Date Insured first became aware of complaint, claim or possible claim

If you were aware of the existence of a complaint, claim or possible claim prior to insuring with Vero Liability Insurance Limited, have you advised the previous insurer?

Yes

No

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Past Losses and Current Claims

Please list below all losses or circumstances (whether or not resulting in claims) paid or outstanding during the past five years:

Year of Loss	Description of Loss	Amount Paid	Amount Outstanding
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Nature of Claim or Circumstance

Explain the background events giving rise to complaint, claim or possible claim.

- Please attach copies of supporting correspondence and/or documentation
- Please refrain from offering any view about fault, blame or liability

Quantum at Issue

Amount of claim or estimate of claimant's alleged loss \$

If your claim is accepted and there are payment(s) to you, we can pay this amount direct into your bank account by direct credit. If you would like us to make this direct credit, please complete the details below. You will be advised if a payment has been made following acceptance of your claim

Do you wish to use this facility Yes No

Name of account

I/We authorise payment to be made into this bank account.

Bank

Branch

Account

Suffix

Declaration / Privacy Act 2020

I/We declare that to the best of my/our knowledge and belief these particulars are complete and correct and I/We have not withheld or mis-stated any material information which may directly or indirectly affect this claim.

I/We

- agree to give any further information that may be required;
- understand you require this personal information, which will be retained by Vero Liability, Auckland so that you can evaluate my/our claim;
- authorise you to obtain details of claims made by me/us under policies with other insurers and personal information about me/us that is in your view potentially relevant to this claim;
- understand that I/we have certain rights of access to and correction of the personal information held by you.

This information is required under the terms of your policy. Failure to provide it may result in your claim being declined.

Signature of Policyholder / Insured

Date

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