

# employment disputes notification form

Vero Liability Insurance Limited  
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Auckland  
New Zealand



## IMPORTANT

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).**

### 1. policyholder(s) / insured details

Insured Name

Postal Address

Telephone No

Facsimile No

Contact Person

Email

Policy Number

Limit of Indemnity

\$

Excess

\$

Broker/Agent

Current Period of Insurance

to

### 2. employee details

Employee Name

Employed As

Is the employee related to you in any way?

Yes

No

### 3. nature of problem

Under whose advice are you proceeding

Explain the background events giving rise to the employment problem.

- Please attach copies of supporting correspondence and/or documentation
- What process is being followed and the possible outcome.

4. current position of problem

For Example: Is the problem going to mediation or has a personal grievance been lodged. Please provide any relevant documentation

5. relevant dates

Date accident/incident giving rise to this employment problem

Date complaint, grievance or intimation of grievance first made

Date Insured first became aware of grievance or possible grievance

6. quantum at issue

Estimated amount of any personal grievance

7. declaration / privacy act 1993

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

- (a) agree to give any further information that may be required;
- (b) understand you require this personal information, which will be retained by Vero Liability, Auckland so that you can evaluate my/our claim or potential claim;
- (c) 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;
- (d) 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