

Notification/Claim and Acknowledgement of Advice 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 Number

Limit of Indemnity \$

Excess \$

Current Period of Insurance

to

Employee details

Employee Name

Employed as

Is the employee related to you in any other way?

Yes ☐

No ☐

Policy obligations

Under the terms of your Employment Disputes Policy, Vero Liability Insurance Ltd shall not pay any claim in circumstances where you do not obtain, and act in accordance with, either our advice or the advice of an employment law practitioner who we have approved in writing before dismissing, disciplining, or dealing with any Employee.

Please confirm the following:

1. Have you obtained such advice? Yes ☐ No ☐
2. If Yes, from whom have you obtained such advice _____
3. Has Vero Liability approved the engagement of that firm/practitioner? Yes ☐ No ☐
4. Have you acted on such advice? Yes ☐ No ☐

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

Nature of the problem

Explain the background events giving rise to the employment problem.

- Please attach copies of supporting correspondence and/or documentation

Quantum at issue

| | |
|--|----|
| Estimated amount of any personal grievance | \$ |
|--|----|

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 <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> |
|----------------------------------|---|

| | |
|-----------------|--|
| 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

- (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;
- (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

VL ED CLAIM FORM-082024

Vero Liability Insurance Limited

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www.veroliability.co.nz