

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

Mobile

Email Address

Policy Number

2. third party details

Claimant Name

Is the Claimant related to you in any way? If Yes, please explain

Yes

No

3. relevant dates

Date accident or event occurred giving rise to complaint, claim, prosecution or offence

Date Insured first became aware of complaint, claim, prosecution or offence

4. past claims, prosecutions or convictions

In the past 10 years, have you or any members of your family (if insured):

(a) Engaged in any criminal activity or had any criminal or serious traffic convictions, acquittals or diversion or have any such issues that are pending?

Yes

No

(b) Been involved in a lawsuit or any legal liability claim? (Not between family members.)

Yes

No

If Yes, please explain

5. details of claim or circumstance

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

- Please attach copies of supporting correspondence and/or documentation
- Please refrain from offering any view about fault, blame or liability
- Please advise if you have consulted a lawyer already, and attach a copy of any legal advice received

6. 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;
- (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

/ /

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