

# school liability notification form

Vero Liability Insurance Limited  
Private Bag 92055  
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

School/College Board of Trustees

Postal Address

Telephone No

Facsimile No

Contact Person

Email

Policy Number

Broker

### 2. nature of problem

Is it an employment problem?

Yes  No

If Yes, please go to **Section 3**

Is it a non-employment problem?

Yes  No

If Yes, please go to **Section 4**

### 3. employment problem

Name of Employee

Employed As

What process is being followed

Under whose advice are you proceeding

Please explain the background to the problem and attach any relevant correspondence or documentation

4. non-employment problem

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

- Please attach copies of supporting correspondence and/or documentation.

5. relevant dates

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

Date complaint, claim or intimation of possible claim first made

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

6. quantum at issue

Amount of claim or estimate of possible claim by complainant

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