

Notification/Claim 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).

1. Insured details

Insured Name

Postal Address

Postcode

Telephone

Contact Person

Direct Dial

E-mail

2. Policy details

Policy Number

Vero Branch

3. Nature of problem

Is it an employment problem?

Yes

No

If Yes, please go to **Section 5**

If No, please go to **Section 4**

4. Third Party details

Have you received or do you anticipate receiving notice of any claim from or on behalf of a third party?

Yes

No

Claimant Name

Does the claimant have a direct or indirect financial interest with the Insured?

Yes ▶

No

Is the claimant related to you in any other way?

Yes ▶

No

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

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

- Please attach copies of supporting correspondence and/or documentation received to date from the third party
- Please refrain from offering any view about fault blame or liability

▶ Skip to **Section 6**

5. Employment problem (if applicable)

Employee Name _____

Employed as _____

Is the employee related to you in any other way?

Yes

No

Under the terms of the Employment Disputes section of this 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

Explain the background events giving rise to the employment problem.

- Please attach copies of supporting correspondence and/or documentation

6. Relevant dates

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

Date complaint, claim or intimation of claim or grievance first made

Date you first became aware of complaint, claim, possible claim or grievance

If you were aware of the existence of a complaint, claim, possible claim or grievance prior to insuring with Vero Liability, have you advised the previous insurer? Yes No

7. Quantum at issue

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

If your claim is accepted and we need to make a payment to you, we will require your bank account details. To ensure faster processing, please complete the section below and attach proof of your bank account (eg deposit slip, bank statement, or official bank confirmation).

Name of account

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

Bank

Branch

Account

Suffix



Proof of bank account needs to be attached – payments cannot be processed without verified bank details.

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