

general liability claim form

Lumley General Insurance (N.Z.) Limited, Head Office, Lumley Centre, 88 Shortland Street, PO Box 2426, Auckland, 1140, New Zealand, Tel 09 308 1100, Fax 09 308 1114

Please note:

- 1 Any occurrence or claim must be notified to Lumley General Insurance (N.Z.) Limited immediately.
- 2 You must not incur any expenses without the written consent of Lumley General Insurance (N.Z.) Limited.
- 3 You must not make any admission of liability, offer of settlement, promise or payment without the written consent of Lumley General Insurance (N.Z.) Limited.
- 4 Failure to provide full and correct information could result in your claim not being accepted by Lumley General Insurance (N.Z.) Limited.
- 5 Please retain damaged goods in case inspection is required.
- 6 Please attach estimates in support of repairs as appropriate along with any other relevant documentation.

Insured details

Name of Insured:		_____	
Claim number (if known):		_____	
Policy number:		Expiry date:	/ /
Type of policy:			
Postal address:			
Phone number: Home:		Work:	
Mobile:		Email:	
Business activities:			

The Accident, Loss or Circumstance

1	Where did the accident occur? (Please provide the address or details of the location.)	

	If not in New Zealand then please advise the country and full details of the location:	

	Do you have a parent company, subsidiary branch or agent at the overseas location of the accident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes , please provide full details:	

2	When did the accident occur? (Please provide the date and time.)	
3	Please provide full details of the accident, loss or circumstance:	

4	When did you first become aware of the accident?	
5	Were there any witnesses?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes , please provide their full name, address and contact details:	

6	In your opinion who is responsible for the accident and why (please provide details)?	

	If the responsible party is another person or entity besides yourself are they insured?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>

Property damage

1	Details of the property damaged:			
2	Was the property under your care, custody or control?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3	Have you or any of your employees and/or contractors, subcontractors admitted responsibility in any way?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	If Yes , please provide details:			
4	Who owns the damaged property?			
5	Is there other insurance that may apply to the damage caused?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>
	If Yes , please provide details of: the party holding the insurance, type of policy and insurer			
6	Have you done anything to reduce the damage or loss?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	If Yes , please provide details:			

The Claimant

1	Has any claim been made against you in connection with this accident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If Yes , please provide details:		
2	Estimated or Actual cost of Damage (if known):		
3	Have you received any written notice or correspondence about the claim? If Yes , please provide a copy.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Name, address and phone number of the Claimant:		
	Is the Claimant related to you in any way?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If Yes , please provide details:		
4	What is the nature of the allegations that have been made against you?		
5	Was the work undertaken subject to a written or oral contract?		
	Please provide either a copy of the contract or details of the terms of the contract.		

Pursuant to the Privacy Act 1993

The following is brought to your attention:

- (a) This claim form collects personal information about you;
- (b) The collection of this information is required pursuant to the terms of your insurance policy;
- (c) The information is collected to evaluate your claim;
- (d) The failure to provide this information may result in your claim being declined;
- (e) The intended recipient of the information is Lumley General Insurance (N.Z.) Limited ('Lumley') (P.O. Box 2426 Auckland);
- (f) Lumley may pass your personal information on to Insurance Claims Register Limited ('ICR') (C/- P.O. Box 2426 Auckland) for inclusion in the Insurance Claims Register, for general claims and underwriting purposes;
- (g) You acknowledge that any ICR participant may access this personal information by way of enquiry to the ICR.
- (h) You have the right of access to and correction of this information in accordance with the Privacy Act 1993.

Declaration

I/We declare that:

- (a) The information given in this form is correct.
- (b) I/We authorise and request the New Zealand Police to release to Lumley General Insurance (N.Z.) Limited copies of any or all documents held by the New Zealand Police relating to the incident giving rise to this claim. If necessary this authority should be treated as a formal request pursuant to the Official Information Act, 1982.
- (c) I/We authorise the disclosure of personal information held by any other party regarding this claim.
- (d) I/We agree to Lumley General Insurance (N.Z.) Limited releasing to other parties personal information regarding this claim.
- (e) I/We authorise Lumley General Insurance (N.Z.) Limited or its authorised agent to give or obtain from other insurers or other parties any information relating to any insurance held or claim made.

Signature:	Position:	Date: / /
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