



Professional Indemnity Insurance Notification of Circumstance Claim Form

- Please attach copies of all relevant documentation.
- This form must be completed by a partner or director or principal of the insured. Any questions which are not fully within that person's knowledge must be investigated to obtain such knowledge.

Policy number Expiry date / /

Name of Insured:

Postal Address

Broker

Phone: [] Email:

Who should we contact to discuss the claim?

Name: Position

Phone: [] Email/Fax

Has an allegation or intimation of claim been made yet? YES / NO

On what date was it made / /

Was **anyone** in the Insured entity aware of the potential threat of liability or the circumstance before that date? YES / NO

Give details of who and when

How much is claimed or intimated? NZ\$

What is your estimate of the amount at risk? NZ\$

Have proceedings been issued? YES / NO **Please attach a copy**

Give full details of the allegation if proceedings not issued and attach any correspondence. If allegations verbal only, the person concerned to complete a full account of the conversation (attach a statement if required)

Please comment fully in answer to the allegation or circumstance.

Have you taken legal advice on this matter? YES / NO

If yes please advise name of law firm



Name of partner instructed

Phone:

Email/fax

NB: AIG will not unreasonably withhold approval for any legal appointments but we will overview management of case if we are not involved in direct instruction.

Please make any other comments, which may be relevant to the circumstance or clarify any answers herein.

Declaration and Privacy Consent

I/we(print name/s in full)

with full authority of the Insured, declare on behalf of the Insured that the above answers are true and acknowledge that AIG Insurance New Zealand Limited ('AIG') may rely on such answers in determining indemnity. I/we have not concealed any material fact relating to this circumstance.

I/we undertake to render AIG every assistance in my/our power in dealing with the matter. I/we understand and acknowledge that failure to co-operate with AIG and to provide all information relevant or potentially relevant to the circumstance for the efficient conduct of their assessment of indemnity or management of any claim or potential claim which may arise from the circumstance, may result in my/our claim being denied.

PRIVACY

I/we consent to AIG, in accordance with the Privacy Act 1993:

1. collecting holding and using any personal information submitted with this form for purpose of administering a claim including investigating, assessing and paying any claim made by me/us or on my/our behalf;
2. disclosing personal information submitted to another member of the AIG Group of companies in New Zealand or overseas, their staff members located outside New Zealand, the insured policyholder, other insurers and re-insurers, law enforcement agencies, investigators, lawyers, assessors, advisors and the agent of any of these, insurance broker, insurance agent or intermediary, employer for the purpose of administering my claim, including providing a report, data management and/or data analytics or claims recovery.
3. Where I/we have provided information about another individual, I/we have also obtained that individual's consent to the above.

Information is provided to AIG voluntarily, however if we do not collect this information we may not be able to assess a claim. Insured persons have rights of access and correction to their personal information under the Privacy Act 1993. Further information about rights of access and correction and privacy complaints can be obtained by emailing privacy.officerNZ@aig.com

NOTE: AIG will only seek information which in its opinion it believes to be relevant to investigation of the claim.

Name

Date

I Agree

☐

Please print out this form for signatures and post original with copies of any documents relating to this circumstance to your broker. Please attach separate sheet if insufficient space provided for any part of this claim notification form



Bring on tomorrow

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