



## Fidelity Notification of Claim Circumstance Claim Form

- This form must be completed by a partner or director or principal of the insured.
- Any answers not fully known to that person must be investigated to obtain such knowledge.
- Copies of all relevant documentation must be attached.
- Please attach a separate sheet if insufficient space is provided for any part of this claim notification form

Policy number  Expiry date  /  /

Name of Insured

Contact name to discuss the claim  Position

Phone  [  ] Email/Fax

### Discovery:

When was the loss first discovered?  /  /

Who discovered the loss? Name  Position

Phone  [  ] Email

Under what circumstances was the loss discovered? Full details please.

### Suspect:

Full name/s of the person/s suspected

Last known contact / address.

Is/are the suspect/s current or former employee/s?  YES / NO

**Attach termination notice/s if applicable**

Name

Date employee hired  /  /  Terminated?  /  /

Name

Date employee hired  /  /  Terminated?  /  /

What position/s held at time loss discovered?

What authority in position?

Describe duties

If not an employee, what was the relationship to Company?

Describe any delegated or agency authority

**Allegations: \*\*Attach a full statement of allegations**

Has the suspect been confronted with allegations? YES / NO

When?  /  /  Circumstances?

**\*\*Attach any statement and interviewers notes with any reasons given for alleged shortage**

Has the suspect made an oral or written confession? YES / NO

**Police: Attach police case number and advise status of charges**

Did you notify the Police? YES / NO When?  /  /

What have you done to investigate and recover the loss since discovered?

**Audit \*\*Attach the last audit report with \*\*company's response to recommendations made**

When were the last two external audits done?  /  /  &  /  /

What is the name and address of your external auditors?

**Quantum \*\*Attach substantiating documents**

What is the estimated value lost? \$

Has this been fully substantiated yet? YES / NO

What has been lost? Money \$

If Goods or other property? Describe fully

## Declaration & Privacy Consent:

### Declaration

I/we (print name/s in full)

Print Name

with full authority to make representations on behalf of the Insured, do declare that the above answers and those contained in any attachments are true.

I/we acknowledge that the AIG may rely on such answers in determining indemnity and have not concealed any material fact/s relating to this claim. I/we undertake to provide AIG with my/our full co-operation and assistance 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 their assessment of indemnity or management of any claim or potential claim, may result AIG being unable to process my/our claim.

### Privacy Consent

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 AIG company, its staff members, the insured, 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 ensured that I/we have obtained that individual's consent to the above.

Information is provided voluntarily however if we do not collect this information we may not be able to assess the 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 or making a privacy complaint can be obtained by emailing [privacy.officerNZ@aig.com](mailto:privacy.officerNZ@aig.com)

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

I Agree:

☐

Position Title:

Position Title:

Date:

/ /

I Agree:

☐

Position Title:

Position Title:

Date:

/ /



## Settlement Details

Payee name

**Option 1: Direct credit to NZ bank account.** Please complete bank details and account number below

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**Option 2 Overseas Bank Transfer**

Bank

Branch

Country

Account details

OFFICE USE  
Bank a/c checked

**AIG no longer issues cheques. To confirm transfer of funds, an auto email will be sent to your broker or direct**

Email: Broker/Payee

I Agree

☐

Please send a copy of this claim form and other relevant correspondence to your broker and forward the originals to:

The Claims Manager  
AIG Insurance New Zealand Limited  
PO Box 1745, Shortland Street  
Auckland 1140

**PLEASE KEEP A PHOTOCOPY OF ALL DOCUMENTATION YOU SEND US FOR YOUR OWN RECORD**



**Bring on tomorrow**

**AIG Insurance New Zealand Limited**

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