



Notification of Liability Circumstance Claim Form

Please print out for signatures and post original to your broker if applicable or to AIG.

- 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.
- Copies of all relevant documentation must be attached.

Policy type (please tick)

Professional Indemnity ☐ General Public Liability ☐ Marine Liability ☐ Employer's liability ☐

Employment practices Liability ☐ Other (specify)

Policy number & expiry date

Name of Insured:

Postal Address

Who should we contact to discuss the claim?

Name: Position

Phone Email/Fax

Name of the potential Claimant – Contact details:

Name: Phone

Address

Email/fax

Who is/are the person/s named in the allegation if any, and/or who performed the work? Name/s & position/s

| Name | Position |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

Was this work done for a fee YES / NO

Other consideration? YES / NO

Explain nature of consideration

What was the Insured retained to do for the claimant?

What was the earliest date on which ANY person in the Insured firm became aware of the circumstance?

On what date was this work performed?

Is there any other policy which may apply?

Give Insurer details

Has an allegation or intimation of claim been made yet? If Yes, was it written or verbal?

On what date was it made? What is the amount claimed?

Give full details of the allegation and attach any correspondence. If 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. Please give your own estimate of value.

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 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 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 | <input type="text"/> | I Agree <input type="checkbox"/> |
| Date | <input type="text"/> | |

Please print out this form for signatures and post original 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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