



Fidelity Notification of 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	<input type="text"/>	Expiry date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Insured	<input type="text"/>		
Contact name to discuss the claim	<input type="text"/>	Position	<input type="text"/>
Phone	<input type="text"/> [<input type="text"/>]	Email/Fax	<input type="text"/>
Discovery:			
When was the loss first discovered?	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Who discovered the loss? Name	<input type="text"/>	Position	<input type="text"/>
Phone	<input type="text"/> [<input type="text"/>]	Email	<input type="text"/>
Under what circumstances was the loss discovered? Full details please.			
<input type="text"/>			
Suspect:			
Full name/s of the person/s suspected			
<input type="text"/>			
Last known contact / address.			
<input type="text"/>			
Is/are the suspect/s current or former employee/s? <input type="text"/> YES / NO			
Attach termination notice/s if applicable			
Name	<input type="text"/>		
Date employee hired	<input type="text"/> / <input type="text"/> / <input type="text"/>	Terminated?	<input type="text"/> / <input type="text"/> / <input type="text"/>
Name	<input type="text"/>		
Date employee hired	<input type="text"/> / <input type="text"/> / <input type="text"/>	Terminated?	<input type="text"/> / <input type="text"/> / <input type="text"/>
What position/s held at time loss discovered?			
<input type="text"/>			



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?

When? Circumstances?

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

Has the suspect made an oral or written confession?

Police: Attach police case number and advise status of charges

Did you notify the Police? 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?

What has been lost? Money

If Goods or other property? Describe fully



Declaration & Privacy Consent:

Declaration

I/we (print name/s in full)

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 in AIG being unable to process my/our claim.

Privacy Consent

I/we consent to AIG in accordance with the Privacy Act 2020:

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 located overseas, 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 or other service provider to AIG 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 under the Privacy Act 2020 to access and correct their personal information. Further information about rights of access and correction or making a privacy complaint 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.

I Agree:

Position Title:

Date:

I Agree:

Position Title:

Date:



Settlement Details

Payee name

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

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



AIG Insurance New Zealand Limited

The AIG Building, PO Box 1745, Shortland Street, Auckland 1140, New Zealand.
T: +64 9 355 3100 F: +64 9 355 3135

aig.co.nz

