

Liability Claim Form

0800 252 461

Claims.team@crombielockwood.co.nz



This form collects personal information about you so we can consider your claim and update your insurances. It will be held by Crombie Lockwood (NZ) Limited and the underwriter who receives your claim. You may request access to, and correction of, this information subject to the provisions of the Privacy Act 1993. The collection of this information by Crombie Lockwood (NZ) Limited is required under the terms of your insurance policy. Failure to provide this information may result in your claim being declined.

PERSONAL DETAILS

| | | | |
|--|----------------|--|-------|
| Name: | _____ | Policy Reference Client/Claim Number: | _____ |
| Contact Person: | _____ | Contact Phone: | _____ |
| Email: | _____ | Fax: | _____ |
| Address: | _____ _____ | | |
| Preferred method of contact: | _____ | | |
| Crombie Lockwood Branch you are insured through: | _____ | | |

POLICY DETAILS

| | | | | | |
|----------------|---|---|---|--|---|
| Policy Type: | <input type="checkbox"/> Public Liability | <input type="checkbox"/> Employers Liability | <input type="checkbox"/> Statutory Liability | <input type="checkbox"/> Employment Disputes | <input type="checkbox"/> Consequential Loss |
| | <input type="checkbox"/> Professional Liability | <input type="checkbox"/> Directors & Officers | <input type="checkbox"/> Associations Liability | <input type="checkbox"/> Trustees Liability | <input type="checkbox"/> Other |
| Policy Number: | _____ | Limit of Indemnity: | _____ | Excess: | _____ |

THIRD PARTY DETAILS

Claimant Name: _____

Does the Claimant have a direct or indirect financial interest in you? Yes No

Is the Claimant related to you in any other way? Yes No

If Yes, to either of the above questions, please explain: _____

RELEVANT DATES

Date accident/possible error occurred giving rise to complaint, claim or possible claim: _____

Date complaint, claim or intimation of claim first made: _____

Date Insured first became aware of complaint, claim or possible claim: _____

PAST LOSSES AND CURRENT CLAIMS

Please list below all losses or circumstances (whether or not resulting in claims) paid or outstanding during the past five years:

| Year of Loss | Description, include make & model | Amount Paid | Amount Outstanding |
|--------------|-----------------------------------|-------------|--------------------|
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NATURE OF CLAIM OR CIRCUMSTANCE

Explain the background events giving rise to complaint, claim or possible claim.

- o Please attach copies of supporting correspondence and/or documentation
- o Please refrain from offering any view about fault, blame or liability

QUANTUM AT ISSUE

Amount of claim or estimate of claimant's alleged loss:

FURTHER INFORMATION OR COMMENTS

DECLARATION

I declare that to the best of my knowledge the details given in this claim form are true.

I undertake to render all possible assistance in connection with this claim.

I agree that Crombie Lockwood (NZ) Limited and the insurance company (and/or their agent) with whom I am insured may give to or obtain from appropriate individuals or organisations information relevant to this claim.

I agree that the insurance company with whom I am insured may give to or obtain from ICR details of information relevant to this claim. (The Insurance Claims Register Ltd (ICR) holds details of claims under policies issued by participating insurers. Participating insurers can check details of your claims history at ICR.)

Note: Failure to provide correct and complete information could result in your claim not being accepted by the insurance company.

I have read and I understand the above Declaration

Name of Insured
(person completing this form) _____

Date: _____

DIRECT CREDIT DETAILS

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Bank | Branch Number | Account Number | Suffix |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Account Name:

CROMBIE LOCKWOOD CLAIMS CONTACT

Claim Handler: _____ Phone Number: _____

Email: _____

Save a Copy

Submit by Email

Reset Form

