

Claim form

IMPORTANT NOTICE

- Please read the Claim Form fully before answering the questions.
- The Claim Form is to be signed by the Insured or their authorised representative.
- All questions must be answered as fully as possible.
- Please use additional sheets if necessary and attach copies of relevant documentation. Relevant documentation includes but is not limited to copies of your retainer, any written demands, or court documents.
- If you have any questions in relation to the completion of the Claim Form, please contact your insurance advisor or broker

Section 1 - Details of the insured

Insured Name:

Address:

Contact person:

Telephone:

Mobile:

Email:

Section 2 - Policy details

Policy No:

Policy Period:

1. Is there any other insurance that may be applicable to this notification? Yes No

If YES, please provide the following details:

Policy Holder:

Insurer:

Type of Insurance:

Period of Insurance:

2. Has the matter been notified to that insurer? Yes No

Section 3 - Details of the individuals

Please list all the individuals against whom allegations have been made. Please include the full name of the individual, the position they occupied with the insured entity, the registered name of the insured entity and the period during which the individuals held their position within the insured entity:

Section 4 - Details of the claim or circumstance

1. What is the precise nature of the claim (i.e. the Claimant's allegations) or the fact or circumstance that might give rise to a claim?
2. Was the claim or the intimation of a claim made in writing? Yes No
3. Have you received a written demand? Yes No

If you answered YES, please attach a copy of this together with any correspondence relating to the written demand:

4. Have proceedings been issued against you? Yes No
- a. If you answered YES, please attach a copy of this together with any correspondence relating to the written demand.
- b. If you have any other court documents, please provide copies.
- c. If a formal investigation has been commenced, please provide us with copies of any documents received.

5. Was the claim or the intimation of a claim made verbally? Yes No
- If you answered YES, please provide details of any conversations, when they occurred and whom they were between:

6. On what date did you first become aware of the claim or the fact or circumstance which may give rise to a claim?

7. Amount being claimed (if known) \$:

Section 5 - Details of the insured's response

1. What are your comments in response to the claim or the fact or circumstance that may give rise to a claim?

2. Are there any other parties which may have contributed to the claim or circumstance which may give rise to a claim? Yes No

If you answered YES, please provide details:

3. What are your comments on the quantum of the claim and what is your estimate of your potential monetary liability, if any, to the claimant?

4. Are there any additional details about which you wish to advise, or which may be of interest to DUAL, so that DUAL will have a better understanding of this matter? Yes No

If you answered YES, please provide details along with supporting documents:

Section 6 - Retainer of defence counsel

1. Have you obtained legal representation to act on your behalf? Yes No

If you answered YES, please provide details of their name, firm, address and charge out rates, together with a copy of the retainer agreement:

If you answered NO, per the terms and conditions under the Policy, please note that you should not obtain legal representation without DUAL's prior consent.

Section 7 - List of documents attached

Declaration

The undersigned declares that the statement and particulars provided in connection with this claim (whether written or oral) are true and that no material facts have been misstated or suppressed after enquiry. The undersigned agrees that should any of the information given by us alter, the undersigned will give immediate notice thereof. The undersigned agrees that the Underwriters may use and disclose our personal information in accordance with the 'Privacy Collection Statement'. The undersigned agrees that this Claim Form, together with all other information supplied to us, shall form part of the claim thereon.

Full Name:

Position:

Signature:

Date:

It is important the undersigned of the declaration above is fully aware of the scope of this insurance so that these questions can be answered correctly. If in doubt, please contact the broker or agent, since non-disclosure may affect an insured's right of recovery under the policy.

We recommend that you keep a record of all information supplied (including copies of this Claim Form and correspondence).

Privacy Collection Statement

We are committed to protecting your privacy and complying with the Privacy Act 2020 (NZ) (Privacy Act).

We use your information to assess the risk of providing you with insurance, provide quotations, issue policies and assess claims, on behalf of the insurers we represent. We also use your information to administer any policies we have issued to you and may do so by mail or electronically, unless you tell us that you do not wish to receive electronic communications. If you do not provide us with full information, we may not be able to provide insurance or assess a claim. If you provide us with information about someone else, you must obtain their consent to do so.

We provide your personal information to the insurer we represent when we issue and administer your insurance. When providing a quotation or insurance terms, we will tell you if the insurer is overseas and if so, where they are. We may also provide your information to your broker and our contracted third-party service providers (e.g. claims management companies).

Our Privacy Policy contains more information about how to access and correct the information we hold about you and how to make a privacy related complaint, including how we will deal with it. By providing us with your personal information, you consent to its collection and use as outlined above and in our Privacy Policy. Ask us for a copy of our Privacy Policy via email at privacy@dualnewzealand.co.nz or access it via our website using the following [link](#).

Fair Insurance Code

Lloyd's is a member of the Insurance Council of New Zealand and its New Zealand Coverholders (including DUAL New Zealand) adhere to the Fair Insurance Code, which provides you with assurance that we have high standards of service to our customers. To access a copy of the Code, please click [here](#).



Helping you do more

New Zealand | +64 9 973 0190

dualinsurance.com

DUAL New Zealand Limited | Registered in New Zealand under Company Number 3232892

