

Liability Claim Form



WAYNE GRAYSON
— & ASSOCIATES —

Insured's Details

Name:	_____	Policy Number:	_____
Contact Person:	_____	Contact Phone:	_____
Email:	_____	Fax:	_____
Address:	_____	Insurer:	_____
		Preferred method of contact:	_____

Policy Type

- | | | |
|---|--|---|
| <input type="checkbox"/> Public Liability | <input type="checkbox"/> Employers Liability | <input type="checkbox"/> Statutory Liability |
| <input type="checkbox"/> Professional Indemnity | <input type="checkbox"/> Director & Officers | <input type="checkbox"/> Associations Liability |
| <input type="checkbox"/> Trustees Liability | <input type="checkbox"/> Consequential Loss | <input type="checkbox"/> Defective Workmanship |

Third Party Details

Name of claimant: _____

Does the claimant have a direct financial interest in you or your business? Yes No

Is there any other relationship that you have with the claimant? Yes No

If yes to either of the above, please provide details:

Claim Details

Date that the accident and/or event occurred, that has given rise to the claim: _____

Date that complaint was first made to you: _____

Date that the insured first became aware of the complaint arising: _____

Liability Claim Loss History

Please list the details of previous losses and/or current claims:

Date of Loss:	Description of Loss:	Amount Paid/Claimed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Description of Current Loss/Claim

Please explain the events that have given rise to the complaint, claim or possible claim.

**Please attach supporting correspondence and/or documentation*

**Please ensure that all details are given without opinion of fault or liability*

Financial Value of Current Loss/Claim

Further Information or Comments

Declaration

Have you or your partner or anyone covered under this policy made any Liability claims in the past three years? Yes No

Have you or your partner or anyone covered under this policy had insurance refused, cancelled, special terms imposed, renewal not offered or claim declined? Yes No

Have you or your partner or anyone covered under this policy had a criminal conviction that is not subject to the criminal records (Clean Slate) Act 2004? Yes No

I declare that to the best of my knowledge the details given in this claim form are true I undertake to render assistance in connection with this claim.

I agree that Wayne Grayson and Associates Ltd and the insurance company with whom I am insured may give to or obtain from the appropriate individuals and organisations information relevant to this claim. I agree that the insurance company with whom I am insured may give to or obtain from the ICR details relevant to my 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.) Failure to provide full and correct details could result in your claim not being accepted by the insurer.

I have read and confirm that I understand the declaration

Name of Insured (person completing form): _____

Direct Credit Details

Account Name:

Bank

Branch

Account Number

Suffix

Submit

Clear Form

Note: the form submit button may not be supported in some pdf programs, please save and email form to claims@waynegrayson.co.nz