

claim form

In accordance with the conditions of the policy under no circumstances should liability be admitted or any offer of settlement be made without the prior written consent of Vero.

This form must be completed by a person authorised to do so on behalf of the Insured.

All questions must be answered as fully as possible (use additional pages if necessary). In some instances a more comprehensive claim form may be required.

insured details

Insured Name	<input type="text"/>		
Postal Address	<input type="text"/>		
Telephone No	<input type="text"/>	Facsimile No	<input type="text"/>
Contact Person	<input type="text"/>	Email	<input type="text"/>

policy details

Policy Number	<input type="text"/>	Vero Branch	<input type="text"/>
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third party details

Have you received or do you anticipate receiving, notice of any claim from or on behalf of a third party? Yes No

Claimant Name

Does the Claimant have a direct or indirect financial interest with the Insured? 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 you first became aware of complaint, claim or possible claim

If you were aware of the existence of a complaint, claim or possible claim prior to insuring with Vero, have you advised the previous insurer? Yes No

nature of claim or circumstance

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

- Please attach copies of supporting correspondence and/or documentation received to date from the third party
- Please refrain from offering any view about fault, blame or liability

quantum at issue

Amount of claim or estimate of claimant's alleged loss

\$

declaration / privacy act 1993

I/We declare that to the best of my/our knowledge and belief these particulars are complete and correct and I/We have not withheld or mis-stated any material information which may directly or indirectly affect this claim.

I/We

- (a) agree to give any further information that may be required;
- (b) understand you require this personal information, which will be retained by Vero, Auckland so that you can evaluate my/our claim;
- (c) authorise you to obtain details of claims made by me/us under policies with other insurers and personal information about me/us that is in your view potentially relevant to this claim;
- (d) understand that I/we have certain rights of access to and correction of the personal information held by you.

This information is required under the terms of your policy. Failure to provide it may result in your claim being declined.

Insured's Signature

x

Date

/ /

www.legaledge.co.nz



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