



PROFESSIONAL INDEMNITY

NOTIFICATION OF CLAIM OR CIRCUMSTANCES OUT OF WHICH A CLAIM MIGHT ARISE

- WARNING: If you supply any untrue or false information and know that it is not true NZI shall have the right to refuse the claim
- Please answer all the questions on this form. If a question does not apply to your claim, please answer "N/A"
- Under no circumstances should liability be admitted or any offer of settlement be made without NZI's prior written approval
- Do not include any comment which could be construed as an admission of liability

INSURED'S DETAILS

Name of Insured: _____ Contact: _____

Postal Address: _____

Phone No: _____ Fax No: _____ Email: _____

CLAIMANT'S (OR POTENTIAL CLAIMANT) 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 question, please explain

DETAILS OF INSURED'S RETAINER / CONTRACT

What were you retained / contracted to do? Please attach a copy if evidenced in writing

DETAILS OF CLAIM OR POTENTIAL CLAIM CIRCUMSTANCE

On what date did you first become aware of: dd mm yyyy

(a) the existence of a potential circumstance which might give rise to a claim against you? / /

(b) the complaint, claim or intimation of a claim against you? / /

On what date did the alleged error or mistake occur which generated this notification? / /

Were you aware of the existence of the complaint, claim or potential claim prior to insuring with NZI? Yes No

If Yes, please tell us who your previous insurer was, and whether that company has been notified

Please provide full details of the actual or anticipated complaint, claim or allegation (or facts or circumstances that might give rise to a claim). Supplementary information and relevant correspondence should be attached.

Multiple horizontal lines for providing details of the complaint, claim or allegation.

DECLARATION AND SIGNATURE

I/We declare that:

1. Material Facts:

- (a) All information given to NZI, a business Division of IAG New Zealand Limited, in connection with this claim (whether written or oral) is true and correct;
(b) No information relevant to this claim is omitted;

2. Use of Information:

- (a) My / our personal information collected by NZI in connection with this claim may be disclosed to other members of the insurance industry;
(b) My/our personal information held by any other parties in connection with this claim may be disclosed to NZI
(c) Details of my/our claims made under policies with other members of the insurance industry may be disclosed to NZI

3. Please Note:

- We gather information about you (including your claims history) to consider your claim. The terms of your insurance policy require you to supply this information, and if you refuse to provide it, we may decline your claim.
This information is held by us and you may access it.

SIGNATURE _____ DATE ____/____/____

Claims Department
NZI Professional Risks
Private Bag 92130
Auckland
Telephone 0800 NZI RISK (0800 694 7475)
Facsimile 09 969 6356