



Liability Claim Form



Liability Claim Form



Instructions

To assist us to consider your claim as soon as possible please complete all questions in full to the extent relevant and attach any relevant invoices and other documents to support your claim.

It is important that you provide honest, complete, up-to-date and relevant information when completing this form.

The issue and acceptance of this claim form does not constitute an admission of liability by the **Insurer** or a waiver of its rights.

- + If your insurer is AIG, please email completed claim form to:
 - Financial Lines: finclaims@aig.com
 - Casualty: liabilityclaimsnz@aig.com
- + If your insurer is Chubb, please email completed claim form to: nz.claims@chubb.com
- + If your insurer is Lloyd's, please email completed claim form to: 360UKclaims@godfrey.co.nz

Insured Details

Insured Entity	Policy Number
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/>	

Contact Personal Details

Full Name	Contact Phone
<input type="text"/>	<input type="text"/>
Email	Broker Company
<input type="text"/>	<input type="text"/>

Third-Party Details

Name	
<input type="text"/>	
Contact Person	Contact Phone
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/>	
Email	Insurer
<input type="text"/>	<input type="text"/>

Loss Details

When did the loss occur?

Time	AM	PM	Date (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To whom was the incident reported?

Name	Phone
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/>	
Position/Title	
<input type="text"/>	

Witnesses

Name	Phone
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/>	
Relationship to the insured	
<input type="text"/>	

Name	Phone
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/>	
Relationship to the insured	
<input type="text"/>	

At the Scene

Did the emergency services attend Police/Fire/Ambulance attend the accident/incident? Yes No Not Applicable

Details

Other Insurance

Do you, any contractors or subcontractors hold any policy which would cover this claim?

Party holding the policy	Insurer
<input type="text"/>	<input type="text"/>
Policy number	Type of insurance
<input type="text"/>	<input type="text"/>

Has a claim been lodged? Yes No Not Applicable

Declaration

Claim Privacy Consent, Authority and Declaration Claim Privacy Consent

I/we:

1. understand that the **Insurer** requires personal information so that the **Insurer** can evaluate this claim and administer the insurance policy and that failure to consent to the collection, use and disclosure of personal information may result in the claim being refused in part or in full;
2. authorise the **Insurer** to obtain from other parties personal information about me/us that the **Insurer** views as relevant to the claim;
3. agree to the **Insurer** disclosing to other parties, including but not limited to, service providers engaged by the **Insurer**, 360 Commercial Limited, the insurance broker, the policy holder (if this differs from the claimant) or reinsurers personal information collected in relation to this claim or the insurance policy;
4. understand that I/we have rights of access to, and correction of, personal information held by the **Insurer**.

If **you** would like to access a copy of **your** personal information, or to correct or update **your** personal information, please contact **our** Privacy Officer on: 0800 867 677; or emailing admin@360commercial.co.nz

Authority and Declaration

I/we:

1. understand that in evaluating my/our claim or by accepting documents in support of my/our claim, The **Insurer** has made no acceptance of liability nor waived any of its rights;
2. confirm that any information that I/we supply will be true, correct and complete and that I/we will not withhold any information likely to accept the acceptance or handling of my/our claim and understand that if I/we provide untrue information or do not disclose relevant information that it might result in my/our claim being declined in part or in full;
3. agree to notify the **Insurer** immediately if any lost or stolen property is subsequently recovered, and at the **Insurers** option surrender the property to the Insurer or refund the amount of money received; and
4. will give all reasonable assistance to the **Insurer** and co-operate in the assessment of my/our claim.

Signed

Printed Name

Position

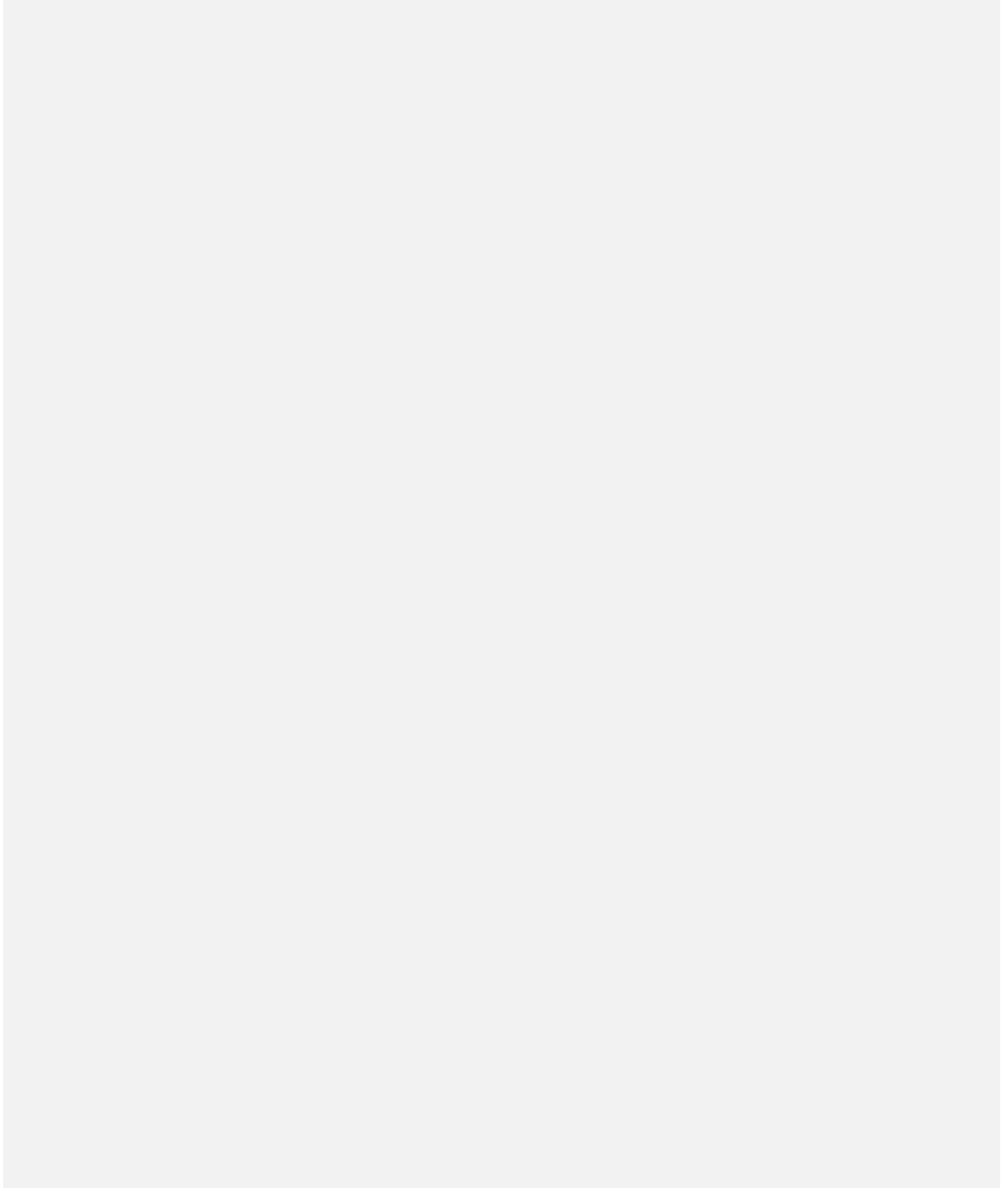
Date (dd/mm/yyyy)

Privacy Statement

This statement is a summary of **our** privacy policy and provides an overview of how **we** collect, disclose and handle **your** personal information.

We are committed to protecting **your** privacy. **We** collect, uses and retain **your** personal information in accordance with the requirements of *New Zealand's Privacy Act*, as amended or replaced from time to time.

Additional Information Space





360

Commercial

PO Box 9521,
Waikato Mail Centre,
Hamilton 3240

