

A large, stylized compass rose graphic that serves as a background element. It features a red needle pointing towards the top-left, with various shades of grey and white segments forming the rose's petals and the surrounding circular frame. The text "UK Liability Claim Form" is centered over the middle of the rose.

UK Liability Claim Form

UK 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.

Please email completed claim forms to: 360UKclaims@godfrey.co.nz

Insured Details

Insured Entity

Policy Number

Address

Contact Personal Details

Full Name

Contact Phone

Email

Broker Company

Third-Party Details

Name

Contact Person

Contact Phone

Address

Email

Insurer

Loss Details

When did the loss occur?

Time

AM

PM

Date (dd/mm/yyyy)

Where did the loss occur?

When were you first notified of the loss?

Description of what happened, why and how:

Continue on page 6 if additional space is required.

Have you or any of your employees/Contractors or subcontractors accepted liability in any way?

☐ Yes

☐ No

☐ Not Applicable

If yes please provide details:

Claim & Notification

What is being claimed?

Describe the property damage and/or injuries:

Is this claim in respect of a product you manufacture, construct, erect, install, repair service?

☐ Yes

☐ No

☐ Not Applicable

If yes please attach any conditions of sale that are supplied with the product

How were you notified?

Who notified you?

To whom was the incident reported?

Name

Phone

Address

Position/Title

Witnesses

Name

Phone

Address

Relationship to the insured

Name

Phone

Address

Relationship to the insured

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

Policy number

Type of insurance

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 (which may include Health 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 (which may include Health 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**, the insurance broker, the policy holder (if this differs from the claimant) or reinsurers personal information (including Health 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.

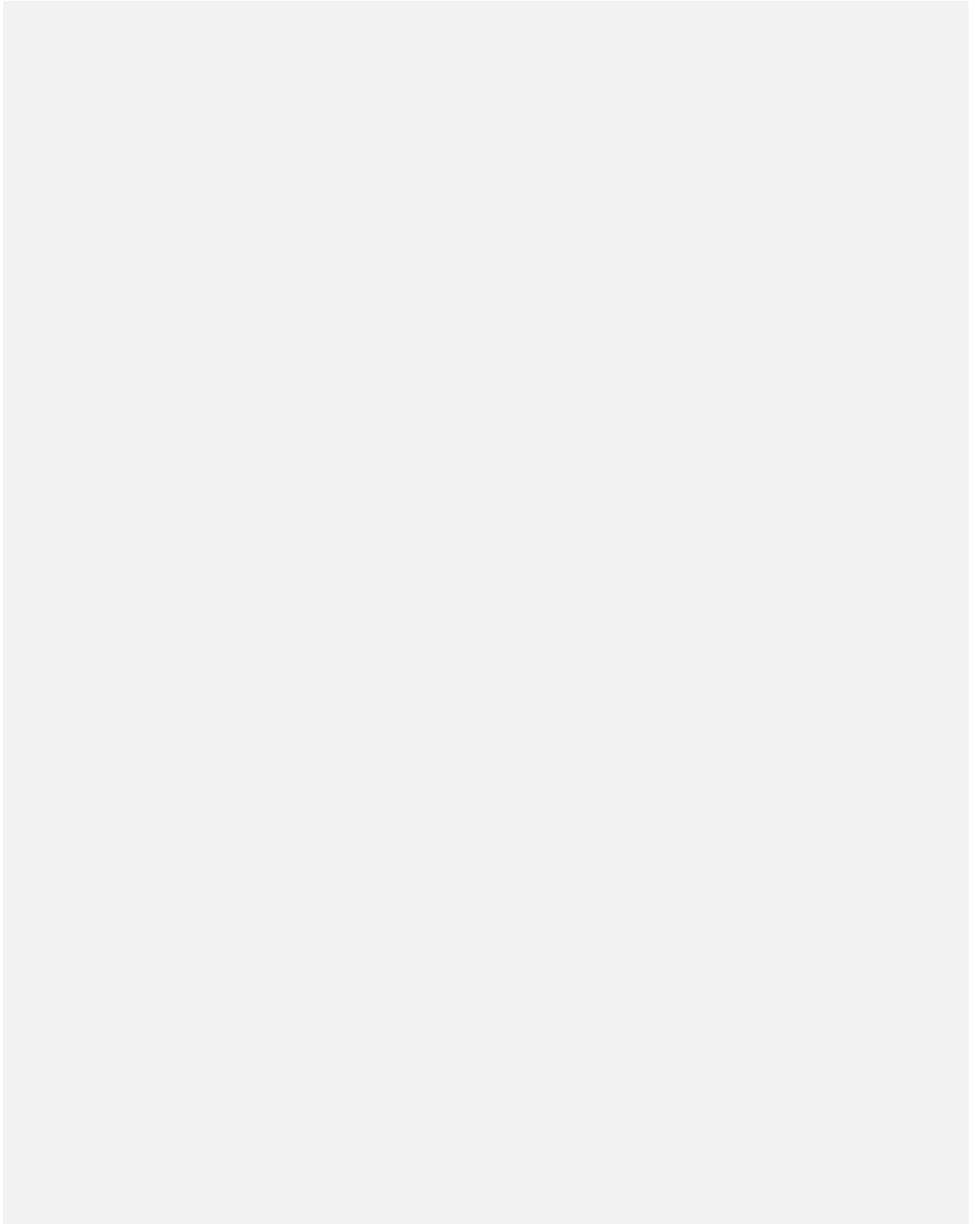
Signed

Printed Name

Position

Date (dd/mm/yyyy)

Additional Information Space



Important Information

In this section, “**we**”, “**our**” and “**us**” means the **Insurer** (and 360 Commercial Limited on their behalf to administer this insurance).

“**You**” and “**your**” means the person(s) or **entity** named in the schedule as ‘**Insured**’ including any new **entity** or **subsidiary** companies or subsidiaries thereof or any controlled or managed **entity** now or hereafter formed or acquired. **We** may also use the word ‘**Insured**’ to describe **you**.

Claims made and notified coverage

Policy Section B – Statutory Liability and *Policy Section C – Employer’s Liability* of this policy contains coverage on a claims-made and notified basis.

This means that this section of the policy only covers **claims** first made during the **policy period** and notified to the **Insurer** in writing during the **policy period**.

This policy does not provide cover for any **claims** made against **you** during the **policy period** if at any time prior to the commencement of the **policy period** you became aware of facts which might give rise to those **claims** being made against **you**.

Duty of Disclosure

Your duty of disclosure

Before entering into a contract of insurance with **us**, each prospective **insured** has a duty to disclose to **us** information that is material to **our** decision whether to accept the insurance and, if so, on what terms. This includes material information about the **insured**, any other people and all **property** and risks insured under the policy. Information may be material whether or not a specific question is asked.

There is the same duty to disclose material information to **us** before renewal, extension, variation or reinstatement of a contract of insurance with **us**. **You** should also provide all material information when **you** make a **claim** or if circumstances change during the term of the contract of insurance.

It is important that each prospective **insured** understands all information provided in support of the application for insurance and that it is correct, as each prospective **insured** will be bound by the answers and by the information it has provided.

The duty of disclosure continues after the application for insurance has been completed up until the time the contract of insurance is entered into.

Consequences of non-disclosure

If an **insured** fails to comply with its duty of disclosure, **we** may be entitled, without prejudice to its other rights, to reduce its liability under the contract in respect of a **claim** or refuse to pay the entire **claim**. **We** may also have the right to avoid the contract from its beginning. This means the contract will be treated as if it never existed and no **claims** will be payable.

Fair Insurance Code

Lloyd’s is a member of the Insurance Council of New Zealand (ICNZ) and a signatory to ICNZ’s Fair Insurance Code (the **Code**). The Code and information about the Code is available at www.icnz.org.nz and on request.



Financial Strength Rating

At the time of print, Lloyd’s has an AA- financial strength rating given by S&P Global Ratings.

The rating scale is:

AAA Extremely Strong	AA Very Strong	A Strong
BBB Good	BB Marginal	B Weak
CCC Very Weak	CC Extremely Weak	
SD or D Selective Default or Default	R Regulatory Action	NR Not Rated

The rating from ‘AAA’ to ‘CC’ may be modified by the addition of a plus (+) or minus (-) sign to show relative standings within the major rating categories. A full description of the rating scale is available on the S&P Global Ratings www.spglobal.com.

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.

Personal information handling practices

When do we collect your personal information?

We collect **your** personal information (which may include health information) from **you** when **you** interact with **us**, including when **you** are applying for, changing or renewing an insurance policy with **us** or when **we** are processing a claim, complaint or dispute.

We may also (and **you** authorise **us** to) collect **your** personal information from other parties such as brokers or service providers, as detailed in **our** privacy policy.

Purpose of Collection

We collect and hold the information to offer products and services to **you**, including to assess applications for insurance, to provide and administer insurance products and services, and to handle any claim, complaint or dispute that may be made under a policy.

If **you** do not provide **us** with this information, **we** may not be able to provide **you** or **your** organisation with insurance or to respond to any claim, complaint or dispute, or offer other products and services to **you** or **your** organisation.

Sometimes, **we** may also use **your** personal information for **our** marketing campaigns and research, to improve **our** services or in relation to new products, services or information that may be of interest to **you**.

Recipients of the Information and Disclosure

We may disclose the information we collect to third parties, including:

- + contractors and contracted service providers engaged by **us** to deliver **our** services or carry out certain business activities on **our** behalf (such as actuaries, **loss** adjusters, **claims** investigators, **claims** handlers, professional advisers including lawyers, doctors and other medical service providers, credit reference bureaus and call centres);
- + intermediaries and service providers engaged by **you** (such as current or previous brokers, travel agencies and airlines);
- + other companies in the 360 Underwriting Solutions Group;
- + the policyholder (where the insured person is not the policyholder);
- + insurance and reinsurance intermediaries, other insurers, **our** reinsurers, marketing agencies; and
- + government agencies or organisations (where **we** are required to by law or otherwise).

These third parties may be located outside New Zealand. In such circumstances **we** also take steps to ensure **your** personal information remains adequately protected.

From time to time, **we** may use **your** personal information to send **you** offers or information regarding **our** products that may be of interest to **you**. If **you** do not wish to receive such information, please contact **our** Privacy Officer using the contact details provided below.

Rights of Access to, and Correction of Information

If **you** would like to access a copy of **your** personal information, or to correct or update **your** personal information, want to withdraw **your** consent to receiving offers of products or services from **us** or persons **we** have an association with, please contact the Privacy Officer by posting correspondence to:

Email. admin@360commercial.co.nz
Telephone. 0800 867 677
Post: 360 Commercial Limited
Level 12, 66 Wyndham Street, Auckland 1010

How to Make a Complaint

If **you** have a complaint or would like more information about how **we** manage **your** Personal Information, please review **our** Privacy Policy for more details, or contact **our** Privacy Officer at the details above.

You also have a right to address **your** complaint directly to the Privacy Commissioner by telephoning 0800 803 909, emailing enquiries@privacy.org.nz or using the online form available on the Privacy Commissioner's website at www.privacy.org.nz.

Complaints and Dispute Resolution

Complaint handling arrangements

We take the concerns of its customers very seriously and has detailed complaint handling and dispute resolution procedures that **you** may access, at no cost to **you**. To assist **us** with **your** enquiries, please provide **us** with **your claim** or policy number (if applicable) and as much information as **you** can about the reason for **your** complaint or dispute.

The complaints and dispute procedures are as follows:

Stage 1 – Complaint handling procedure

If **you** have a complaint in respect of this Policy, including any **claim** made on this Policy, the complaint may be addressed to:

Email. admin@360commercial.co.nz
Telephone. 0800 867 677
Post. 360 Commercial Limited
Level 12, 66 Wyndham Street, Auckland 1010

We will acknowledge **your** complaint within five business days, provide **you** with the name and contact details of the person handling the complaint, have the matter fully investigated by a suitably experienced person not previously involved in the case, and inform **you** of the progress or outcome of the matter within 10 business days.

Where further information, assessment or investigation is required We will agree reasonable time frames with **you** for its completion.

We will update **you** at least once every 20 business days, or at another interval agreed with **you**, until the complaint is resolved.

Stage 2 – Dispute resolution procedure

In the event We do not resolve the matter **you** may request a stage two review. This will be conducted by Lloyd's Australia on behalf of Lloyd's in New Zealand. They can be contacted at:

Email. ldrnz@lloyds.com
Telephone. 04 472 7582
Post. Lloyd's General Representative New Zealand
c/- Hazelton Law
PO Box 5639, Wellington 6143

Stage 3 – External dispute resolution

Should **you** remain dissatisfied with the response from the above, **you** may be eligible to refer **your** complaint to the Insurance and Financial Services Ombudsman (IFSO) in New Zealand. The contact details are as follows:

Email: info@ifso.nz
Freephone: 0800 888 202
Telephone: 04 499 7612
Post. Insurance and Financial Services Ombudsman (IFSO)
PO Box 10-845, Wellington 6143

The IFSO Scheme will require a "deadlock" to be reached before considering a complaint. If **your** complaint is not resolved to **your** satisfaction within two months of notification **you** will be provided a "deadlock" letter explaining why the matter has not been resolved.

If **you** feel **your** human rights have been breached **you** can contact the Human Rights Commission on 0800 496 877 or through its website: www.hrc.co.nz.

The complaints handling arrangements above are without prejudice to **your** rights in law.



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Commercial

Level 12,
66 Wyndham Street,
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