

# Broadform Liability Claim form



Policy number: \_\_\_\_\_

- ▶ 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
- ▶ NZI have the right to appoint a lawyer or other expert to act on your behalf.

## Insured's details

Name of Insured: \_\_\_\_\_ Contact: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_ Email: \_\_\_\_\_

## Details of claim

1. Where did this event happen? (please give the full address or details of the location)  
\_\_\_\_\_
2. When did it happen? (please give date and time) \_\_\_\_\_
3. When did you first know about it? \_\_\_\_\_
4. How did the event happen? (please give full details)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Were there any witnesses? Yes  No   
If 'Yes', please give details (include name, address, contact phone etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Details of injury or damage

- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
1. Was the property under your care, custody or control? Yes  No
  2. Had you previously agreed to be responsible for any such damage? Yes  No
  3. Who owns the damaged property? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Was the damaged property insured? Yes  No  Don't know

If 'Yes', give the name of the insurance company \_\_\_\_\_

6. Had you done anything to reduce or make good the loss or damage? Yes  No

If you have answered 'Yes', please give details below  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Details of claimant**

1. Has any claim been made against you in connection with this accident? Yes  No

If 'Yes', please answer questions 2-4 below

2. Name of Claimant: \_\_\_\_\_ Contact Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

3. Please tick any of these which apply to the claimant  
related to you  employed by you  a member of your household  your agent   
your employer  your neighbour  your landlord

4. Have you received any written notice or correspondence about the claim? Yes  No

If 'Yes', please attach a copy

**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 and Insurance Claims Register Ltd;  
(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.  
▶ Your claims history is passed onto, and held by, Insurance Claims Register Ltd. This enables other insurers you deal with to access it, and prevents fraudulent claims.

**SIGNATURE:** \_\_\_\_\_ **DATE:** dd / mm / yyyy

Please return to your broker or email liabilityclaims@nzi.co.nz



We are a member of the Insurance Council of NZ and adhere to the Fair Insurance Code. Further information on the Fair Insurance Code can be found at [www.icnz.org.nz](http://www.icnz.org.nz)

