

# General Liability Claim Form



## How to complete this form

**Option 1** Type the details directly into the form, save and print. **Don't forget to sign it!**

**Option 2** Save and print out the form and complete by hand.

Once completed the form can then be scanned and emailed to your broker, or directly to [claims@ando.co.nz](mailto:claims@ando.co.nz)

## Policyholder name

Company name

**OR**

Title

First name

Last name

## Contact details of the person completing this claim

Title\*

First name\*

Last name\*

Mobile\*

Work phone

Email address\*

Role\* (e.g. broker or owner)

## Third party details (Only complete this section if there was another party involved)

Title\*

First name\*

Last name\*

Mobile\*

Work phone

Email address\*

## Incident details

Date of incident\*

Time of incident

Date reported to you\*

Time reported to you

Exact location of incident\*

## Incident details cont.

Please describe the incident in as much detail as possible\* (Do not give your opinion on fault or blame)

Have you or any of your employees, contractors or subcontractors admitted responsibility in any way?\*

Yes No

If 'Yes', please provide details

## Claim and 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, treat, sell, supply or distribute?

Yes No

If 'Yes', please attach any conditions of sale that are supplied with the product, and tick to indicate enclosure. (Remember that this could include a copy of your standard invoice)

Enclosed

How were you notified?

In person

By phone

By letter

Other

Who notified you?

Their email address

To whom was the incident reported?

First name

Last name

Mobile

Work phone

Email address

## Witness 1

First name

Last name

Mobile

Work phone

Address

Email address

Relationship to insured

## Witness 2

First name	<input type="text"/>	Last name	<input type="text"/>
Mobile	<input type="text"/>	Work phone	<input type="text"/>
Address	<input type="text"/>		
Email address	<input type="text"/>		
Relationship to insured	<input type="text"/>		

## Witness 3

First name	<input type="text"/>	Last name	<input type="text"/>
Mobile	<input type="text"/>	Work phone	<input type="text"/>
Address	<input type="text"/>		
Email address	<input type="text"/>		
Relationship to insured	<input type="text"/>		

## Witness 4

First name	<input type="text"/>	Last name	<input type="text"/>
Mobile	<input type="text"/>	Work phone	<input type="text"/>
Address	<input type="text"/>		
Email address	<input type="text"/>		
Relationship to insured	<input type="text"/>		

## Witness 5

First name	<input type="text"/>	Last name	<input type="text"/>
Mobile	<input type="text"/>	Work phone	<input type="text"/>
Address	<input type="text"/>		
Email address	<input type="text"/>		
Relationship to insured	<input type="text"/>		

## At the scene

Did a Police Officer attend the incident?	Yes	No	If 'Yes', Officer's name	<input type="text"/>
			Stationed at	<input type="text"/>

## Other insurance

Do you or any contractor or subcontractor hold any other policy which could cover this claim?\*

Yes No

If 'Yes', please provide details of which party holds the policy, the name of the insurer, policy number and type of insurance.

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

### Please note:

- Ando Insurance Group does not admit liability by the issue of this form.
- Any occurrence or claim must be notified to Ando Insurance Group immediately.
- You must not incur any expenses without the written consent of Ando Insurance Group.
- You must not make any admission of liability, offer of settlement, promise or payment without the written consent of Ando Insurance Group.
- Failure to provide full and correct information could result in your claim not being accepted by Ando Insurance Group.
- Please retain damaged goods in case inspection is required.
- Please attach estimates in support of repairs as appropriate along with any other relevant documentation.

### Claim Form Declaration

I/we declare that to the best of my/our knowledge the information provided in this form is complete and accurate.

#### I/we:

- Agree to provide any further information that may be required;
- Understand that you require this personal information in connection with this claim and that it will be retained at Shed 20, Princes Wharf, Auckland;
- Authorise the disclosure of this personal information associated with this claim to other parties;
- Authorise you to obtain from any other party personal information about me/us that you may consider to be relevant to this claim;
- Authorise you to add details of this claim to the database of the Insurance Claims Register Ltd (ICR Ltd) where it will be retained and available for other insurers to access;
- Authorise you to obtain from Insurance Claims Register Ltd (ICR Ltd) details of claims made by me/us;
- Understand that I/we have certain rights of access to and correction of personal information held by you and Insurance Claims Register Ltd (ICR Ltd);
- Understand that failure to provide all personal information requested by you in relation to this claim may result in the claim being delayed or denied.

I have read and accept these conditions\* (please tick)

Signature(s) of Insured\*

Date\*

**Need help? Call us on 0800 567 333 or Email [claims@ando.co.nz](mailto:claims@ando.co.nz)**