

CLAIM FORM

Return to: Gallagher Claims Team

claims.team@ajg.co.nz

Private Bag 11007, Palmerston North 4442

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This form collects personal information about you so we can consider your claim and update your insurances. It will be held by Arthur J. Gallagher & Co (NZ) Limited (Gallagher) and the underwriter who receives your claim. You may request access to, and correction of, this information subject to the provisions of the Privacy Act 2020. The collection of this information by Gallagher is required under the terms of your insurance policy. Failure to provide this information may result in your claim being declined.

PERSONAL DETAILS

Name:

Contact person:

Contact's phone number:

Email:

Address:

Client number on policy:

Gallagher branch you are insured through:

Preferred method of contact: Phone Email Post No preferred method

POLICY DETAILS

Policy Type:

- | | | | | |
|---|---|---|--|---|
| <input type="checkbox"/> Public Liability | <input type="checkbox"/> Employers Liability | <input type="checkbox"/> Statutory Liability | <input type="checkbox"/> Employment Disputes | <input type="checkbox"/> Consequential Loss |
| <input type="checkbox"/> Professional Liability | <input type="checkbox"/> Directors & Officers | <input type="checkbox"/> Associations Liability | <input type="checkbox"/> Trustees Liability | <input type="checkbox"/> Other |

Limit of Indemnity:

Excess:

THIRD PARTY 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 of the above questions, please explain:

RELEVANT DATES

Date accident/possible error occurred giving rise to complaint, claim or possible claim:

Date complaint, claim or intimation of claim first made:

Date Insured first became aware of complaint, claim or possible claim:

PAST LOSSES AND CURRENT CLAIMS

Please list below all losses or circumstances (whether or not resulting in claims) paid or outstanding during the past five years:

Year of loss	Description, include make and model	Amount paid	Amount outstanding

NATURE OF CLAIM OR CIRCUMSTANCE

Explain the background events giving rise to complaint, claim or possible claim.

- Please attach copies of supporting correspondence and/or documentation
- Please refrain from offering any view about fault, blame or liability

QUANTAM AT ISSUE

Amount of claim or estimate of claimant's alleged loss:

FURTHER INFORMATION OR COMMENTS

DECLARATION

- **I declare** that to the best of my knowledge the details given in this claim form are true.
- **I undertake** to render all possible assistance in connection with this claim.
- **I agree** that Arthur J. Gallagher & Co (NZ) Limited and the insurance company (and/or their agent) with whom I am insured may give to or obtain from appropriate individuals or organisations information relevant to this claim.
- **I agree** that the insurance company with whom I am insured may give to or obtain from The Insurance Claims Register Ltd (ICR) details of information relevant to this claim. (ICR holds details of claims under policies issued by participating insurers. Participating insurers can check details of your claims history at ICR.)

Note: Failure to provide correct and complete information could result in your claim not being accepted by the insurer.

I have read and I understand the above Declaration

Signature of insured:
(person completing this form)

Date:

DIRECT CREDIT DETAILS

Bank	Branch number	Account number	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Account name:

Need help?

Contact the Gallagher Claims team on 0800 252 461 or claims.team@ajg.co.nz