

WESTERN PACIFIC INSURANCE LIMITED LIABILITY CLAIM FORM

Please Print

Part 1: Policy Holder(s) / Insured Details

Insured:
Postal Address:
Telephone No.:
Facsimile No.:
Contact Person:
Email:

Part 2: Policy Details

Policy Type Please (✓)					
<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 Indemnity	<input type="checkbox"/> Directors & Officers	<input type="checkbox"/> Associations Liability	<input type="checkbox"/> Trustees Liability	<input type="checkbox"/> Other	
Policy Number:		Limit of Indemnity	\$	Excess	\$

Part 3: Third Party Details

Claimant Name:
Does the Claimant have a direct or indirect financial interest in you? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the Claimant related to you in any other way? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, to either of the above questions, please explain

Part 4: 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	/ /
If you were aware of the existence of a complaint, claim or possible claim prior to insuring with Western Pacific Insurance Limited, have you advised the previous Insurer?	Yes <input type="checkbox"/> No <input type="checkbox"/>

WESTERN PACIFIC INSURANCE LIMITED

Head Office: Cnr Camp & Shotover Streets, PO Box 1935, Queenstown, 9300 New Zealand

Part 5: 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 of Loss	Amount Paid	Amount Outstanding
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Part 6: 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.

Part 7: Quantum at Issue

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

Declaration and Acknowledgments

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have no not withheld any relevant information.

I consent to Western Pacific insurance Limited using my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice; however, Western Pacific Insurance Limited may not be able to process my claim.

I consent to Western Pacific Insurance Limited disclosing my personal information to other insurers, an insurance reference service or as required by law. I consent to Western Pacific Insurance Limited also disclosing information to and/or collecting additional information about me, from investigators or legal advisers.

Signature of the insured or person with authority to sign for and on behalf of a company or partnership

Signature: _____ Date: _____

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