

Employee Disputes

Claim form



How to complete this form

Print out the form and complete by hand. Once completed, scan the form and email to your broker or send directly to liabilityclaims@ando.co.nz (If space is insufficient, please continue on a separate sheet and attach with this form, including any supporting photos and documents.)

Policyholder details

Policy number	<input type="text"/>		
Company name	<input type="text"/>		
Main contact details			
Title*	<input type="text"/>	First name*	<input type="text"/>
		Last name*	<input type="text"/>
Mobile*	<input type="text"/>	Alternative contact number	<input type="text"/>
Email address*	<input type="text"/>		
Role* (e.g. HR manager or owner)	<input type="text"/>		

Employee details

Title*	<input type="text"/>	First name*	<input type="text"/>	Last name*	<input type="text"/>
Employed as*	<input type="text"/>				
Is the employee related to the policyholder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If 'Yes', how are they related?	<input type="text"/>	

Relevant dates

Date of accident/incident giving rise to this employment problem*	<input type="text"/>
Date complaint, grievance or intimation was first made	<input type="text"/>
Date Policyholder first became aware of grievance	<input type="text"/>

Nature of problem

Are you being advised regarding the problem?

 Yes No

If 'Yes', who is advising you?

What is the background to the employment problem? Include any process being followed to resolve the problem and possible outcome.
(Please attach copies of supporting correspondence and/or documentation)

Current position

What is the current position of the problem?

(e.g. is the problem going to mediation or has a personal grievance been lodged)

Quantum at issue

Estimated amount of any personal grievance

Please complete Declaration on Page 3.

Please note:

- Ando Insurance Group Limited does not admit liability by the issue of this form.
- Any occurrence or claim must be notified to Ando Insurance Group Limited immediately.
- You must not incur any expenses without the written consent of Ando Insurance Group Limited.
- You must not make any admission of liability, offer of settlement, promise or payment without the written consent of Ando Insurance Group Limited.
- Failure to provide full and correct information could result in your claim being delayed or not being accepted by Ando Insurance Group Limited.
- Please attach 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 may be stored physically or electronically by Ando Insurance Group Limited, or any supplier (with whom we have a contractual arrangement);
- 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 (ICR) where it will be retained and available for other insurers to access;
- Authorise you to obtain from the ICR 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 the ICR;
- 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
Email liabilityclaims@ando.co.nz

We adhere to the Fair Insurance Code which provides you with assurance that we have high standards of service to our customers. You can access a copy of the code at icnz.org.nz

