

General Liability

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 claims@ando.co.nz

Policyholder details

Policy number	<input type="text"/>		
Company name	<input type="text"/>		
OR			
Title	<input type="text"/>	First name	<input type="text"/>
		Last name	<input type="text"/>

Contact details of the person completing this form

Title*	<input type="text"/>	First name*	<input type="text"/>	Last name*	<input type="text"/>
Mobile*	<input type="text"/>	Work phone	<input type="text"/>		
Email address*	<input type="text"/>				
Role* (e.g. broker or owner)	<input type="text"/>				

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

Title*	<input type="text"/>	First name*	<input type="text"/>	Last name*	<input type="text"/>
Mobile*	<input type="text"/>	Work phone	<input type="text"/>		
Email address*	<input type="text"/>				

Incident details

Date of incident*	<input type="text"/>	Time of incident	<input type="text"/>	Date reported to you*	<input type="text"/>	Time reported to you	<input type="text"/>
Exact location of incident*	<input type="text"/>						

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

What is the approximate value of the claim?

\$

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

Has any other party contacted you regarding this claim?

Yes

No

If 'Yes', please provide details and attach any correspondences

Claim and notification cont.

Was there a contract between you and the third party?

Yes

No

If 'Yes', please provide details and attach the contract or the Insured's standard terms and conditions

Witness 1

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 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?	<input type="checkbox"/>	<input type="checkbox"/>	If 'Yes', Officer's name	<input type="text"/>
	Yes	No	Stationed at	<input type="text"/>

Other insurance

Do you or any contractor or subcontractor hold any other policy which could cover this claim?*	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
If 'Yes', please provide details below			
Party holding the policy	<input type="text"/>	Insurer	<input type="text"/>
Policy number	<input type="text"/>	Type of insurance	<input type="text"/>

Direct credit authority

If your claim is accepted, we can direct credit your bank account if there are any payment(s) to you. Please provide your account details below if you would like a direct credit.

Bank account name	<input type="text"/>																
Bank account number	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please complete Declaration on Page 5.

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 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 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 claims@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

