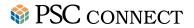
Liability Claim Form

This form collects personal information about you so that the insurer can evaluate your claim. Failure to provide this information may result in your claim being declined. The collection of this information is required as part of the terms of your insurance policy. It will be held by,

PSC Connect NZ Ltd and the insurer

who received your claim. You have the rights of access to and correction of this information subject to the provisions of the Privacy Act 2020. Visit www.pscconnect.co.nz to view our full Privacy Policy.

Insured or Company Details										
Insured Name or Company										
Contact Person										
Phone Number(s)										
Email										
Street Address										
Town / City				Postcode						
Policy Details										
Policy Number		Limit of Indemnity	Excess							
Policy Type										
Public Liability		Employers Liability		Statutory Liability						
Professional Liability		Associations Liability		Trustees Liability						
Directors & Officers		Consequential Loss	Employment Disputes							
Other (please advise)										



Claim Details										
Date of Incident							Time			
Address of Incident										
Town / City							Postcode			
When were you first	advised						Who by			
Were there any witr	nesses			Yes		No				
Details										
Who is responsible										
Why										
Has a claim been ma	de against	you		Yes		No	Approx. cost			
Please provide full de	etails of ho	ow the loss / da	ımage o	ccurred						
			Tl	nird Par	ty Detai	ils				
Name										
Address										
Town / City							Postcode			
Phone Number(s)										
Email										
Relationship to you										
Financial interest (in you or your company)										
Is there any correspondence, photos and/or relevant contract(s) between you and the Third Party Yes								No		
If you have answered yes to any question, please provide details and/or attachments										



Other Details					
Was the Incident reported to the Police		Yes		No	
Police File Number					
Has anyone admitted liability		Yes		No	
Who					
Please provide full details					

Declaration must be signed by the Policy Holder

Note: Failure to provide full and truthful information could result in the Claim being declined.

I/We declare that to the best of my knowledge the details provided in this claim form are true.

I/We agree to PSC Connect NZ Limited and the Insurance Company (and/or their agent) with whom I am insured may disclose my/our personal information regarding this claim to:

- a. Other parties including other members of the Insurance Industry and the data base of the Insurance Claims Register (ICR Ltd) PO Box 474, Wellington where it will be retained and made available to other insurance companies to inspect.
- b. Parties who have a financial interest in the subject matter of the policy and parties repairing or replacing the subject matter of the claim.
- c. I/We understand that I am/we are entitled to have certain rights of access to and correction of the personal information held by PSC Connect NZ Limited and the Insurer and ICR Ltd.
- d. I/We understand that my/our personal information may be provided to overseas third party service providers and/or Insurers who may use this information either on our behalf or otherwise to process and evaluate the claim.

I/We agree to PSC Connect NZ Limited and the Insurer obtaining personal information about me/us that is, in their view, relevant to this claim.

From any other party including other members of the Insurance Industry and from Insurance Claims Register Ltd (ICR) which holds details of claims made by me/us under policies with other insurers.

All information and answers (whether written or oral) given to PSC Connect NZ Limited and the Insurance Company in connection with this claim are correct and that no information relevant to the claim has been omitted. I/We authorise PSC Connect NZ Limited and the Insurance Company to act on my/our behalf.

Name	Signature	
Position	Date	

