



Professional Indemnity Notification of Circumstance

Claim Form

- Please attach copies of all relevant documentation.
- This form must be completed by a partner or director or principal of the insured. Any questions which are not fully within that person's knowledge must be investigated to obtain such knowledge.

Policy number	<input type="text"/>	Expiry date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Insured:	<input type="text"/>		
Postal Address	<input type="text"/>		
Broker	<input type="text"/>		
Phone:	<input type="text"/> [<input type="text"/>]	Email:	<input type="text"/>
Who should we contact to discuss the claim?			
Name:	<input type="text"/>	Position	<input type="text"/>
Phone:	<input type="text"/> [<input type="text"/>]	Email/Fax	<input type="text"/>
Has an allegation or intimation of claim been made yet?	<input type="text"/> YES / NO		
On what date was it made	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Was anyone in the Insured entity aware of the potential threat of liability or the circumstance before that date?	<input type="text"/> YES / NO		
Give details of who and when	<input type="text"/>		
How much is claimed or intimated?	<input type="text"/> NZ\$		
What is your estimate of the amount at risk?	<input type="text"/> NZ\$		
Have proceedings been issued?	<input type="text"/> YES / NO	Please attach a copy	
Give full details of the allegation if proceedings not issued and attach any correspondence. If allegations verbal only, the person concerned to complete a full account of the conversation (attach a statement if required)			
<input type="text"/>			
Please comment fully in answer to the allegation or circumstance.			
<input type="text"/>			
Have you taken legal advice on this matter?	<input type="text"/> YES / NO		
If yes please advise name of law firm	<input type="text"/>		



Name of partner instructed	<input type="text"/>	Phone: []
Email/fax	<input type="text"/>	

NB: AIG will not unreasonably withhold approval for any legal appointments but we will overview management of case if we are not involved in direct instruction.

Please make any other comments, which may be relevant to the circumstance or clarify any answers herein.

Declaration and Privacy Consent

I/we (print name/s in full)

with full authority of the Insured, declare on behalf of the Insured that the above answers are true and acknowledge that AIG Insurance New Zealand Limited ('AIG') may rely on such answers in determining indemnity. I/we have not concealed any material fact relating to this circumstance.

I/we undertake to render AIG every assistance in my/our power in dealing with the matter. I/we understand and acknowledge that failure to co-operate with AIG and to provide all information relevant or potentially relevant to the circumstance for the efficient conduct of their assessment of indemnity or management of any claim or potential claim which may arise from the circumstance, may result in my/our claim being denied.

Privacy

I/we consent to AIG, in accordance with the Privacy Act 2020:

1. collecting holding and using any personal information submitted with this form for purpose of administering a claim including investigating, assessing and paying any claim made by me/us or on my/our behalf;
2. disclosing personal information submitted to another member of the AIG Group of companies in New Zealand or overseas, their staff members located outside New Zealand, the insured policyholder, other insurers and re-insurers, law enforcement agencies, investigators, medical specialists, lawyers, assessors, advisors and the agent of any of these, insurance broker, insurance agent or intermediary, employer or other service provider to AIG for the purpose of administering my claim, providing a report, data management and/or data analytics.
3. Where I/we have provided information about another individual, I/we have also obtained that individual's consent to the above.

Information is provided to AIG voluntarily, however if we do not collect this information we may not be able to assess a claim. Insured persons have rights under the Privacy Act 2020 to access and correct their personal information. Further information about rights of access and correction and privacy complaints can be obtained by emailing: Privacy.officerNZ@aig.com.

Name	<input type="text" value="Please Print"/>	I Agree <input type="checkbox"/>
Date	<input type="text" value=" / /"/>	

Please print out this form for signatures and post original with copies of any documents relating to this circumstance to your broker.
Please attach separate sheet if insufficient space provided for any part of this claim notification form.

