

General Liability

Claim form



Mitsui Sumitomo Insurance Company, Limited
NZBN 9429039809810
NZFS Licence No.283534

Important notice

You must answer all questions honestly and fully. The issue of this claim form is not an admission of liability by Mitsui Smitomo Insurance Group.

How to complete this form

To help us process your claim quickly, you must answer all questions fully. If there is insufficient space, please use additional pages. If a question is not relevant to your situation, please write 'N/A'.

- If you are completing this form by hand, please ensure you write clearly.
- If you are completing this form electronically, please open it using the latest version of Adobe Reader. Use your mouse/trackpad to take the cursor to the next editable field. Boxes can be ticked either by using your mouse/trackpad or by hitting 'enter'. Upon completion, please print out this form and sign the declaration.
- The signed form should then be posted, or emailed, to your broker.

Broker	Company		Individual	
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A. Insured's details

1. Insured's name	Registered			
	Trading as			
2. Policy number				
3. Address				
4. Phone	Work		Mobile	
5. Email address				

B. Third-party details

1. Name				
2. Address				
3. Phone	Work		Mobile	
4. Occupation/business				

C. Accident/incident details

1. Date of accident/incident	Date (dd/mm/yyyy)		Time		am ☐	pm ☐
2. Date reported to you	Date (dd/mm/yyyy)		Time		am ☐	pm ☐
3. Exact location of accident/incident						

C. Accident/incident details

4. Please describe the accident or incident in as much detail as possible.

Do not give your opinion on fault or blame.

5. Have you or any of your employees, contractors or subcontractors admitted responsibility in any way? Yes ☐ No ☐

If 'Yes', please provide details.

D. Claim and notification

1. What is being claimed?

Describe the property damage and/or injuries.

2. Is this claim in respect of a product you manufacture, construct, erect, install, repair, service, treat, sell, supply or distribute? Yes ☐ No ☐

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 ☐

3. How were you notified? In person ☐ By telephone ☐ By letter ☐ Other

4. Who notified you?

Their address

5. To whom was the incident reported?

Name

Address

Position/title

Phone

E. Witnesses

1. Name

Address

Relationship to insured

Phone

2. Name

Address

Relationship to insured

Phone

3. Name

Address

Relationship to insured

Phone

4. Name

Address

Relationship to insured

Phone

E. Witnesses			
5. Name			
Address			
Relationship to insured		Phone	

F. At the scene			
1. Did a Police Officer attend the accident/incident?			Yes ☐ No ☐
If 'Yes', Officer's name		Stationed at	
2. Did the Police lay any charges or suggest action that may be taken?			Yes ☐ No ☐

G. Other insurance			
1. Do you or any contractor or subcontractor hold any other policy which could cover this claim?			Yes ☐ No ☐
If 'Yes', please provide details of which party holds the policy, the name of the insurer, policy number and type of insurance.			
Party holding the policy		Insurer	
Policy number		Type of insurance	

H. Bank account details	
1. Payee name	
2. For payments into New Zealand accounts, please provide bank, branch and account number	
3. For payments into overseas accounts, please provide the following:	
Bank	
Branch	
Country	
Swift/sort code	
Account number	

Declaration	
Has this declaration been read to the insured? Yes ☐ No ☐ (A claim form may still be required)	
(a) The information and answers given above are correct to the best of my/our knowledge and belief. I/We have not withheld any information likely to affect MSIG's consideration of the claim.	
(b) If any personal information is provided, I/We understand that:	
(i) This information will be collected, held, used and disclosed by MSIG (either in New Zealand or overseas) in order to issue, administer and manage products and provide services, including claims investigation and administration, and for data analytics. Further details are set out in MSIG's privacy policy available at https://www.msi-oceania.com/privacy .	
(ii) If I/We do not provide the information requested, then MSIG may be unable to provide products or services.	
(iii) Where I/we have provided someone else's personal information, I/We confirm that I/We have obtained their consent to do so. To request access to or correction of personal information, please see https://www.msi-oceania.com/privacy .	
(c) MSIG is authorised to disclose information received from me/us to its advisers, reinsurers and to other insurers. I/We authorise MSIG to obtain, from any other party, information that is, in MSIG's view, relevant to this claim.	
Signed by applicant	Date (dd/mm/yyyy)
Printed name	Phone
Position	Mobile
Email address	



We are a member of the Insurance Council of New Zealand and adhere to the Fair Insurance Code. Further information on the Fair Insurance Code can be found at www.icnz.org.nz