



General, Employers &
Statutory Liability Insurance
Notification form



IMPORTANT INFORMATION

Use this notification form to notify claims on Delta Insurance New Zealand Limited (Delta) General Liability, Employers' Liability or Statutory Liability policies. To notify claims on another policy, use the separate notification form for professional and financial lines claims.

You should not make any admission of liability, make any offer of settlement or incur any defence costs without Delta's prior approval.

POLICY DETAILS

- 1 Policy type: (Tick one) General Liability Employers' Liability Statutory Liability
- 2 Policy number:
- 3 Name of Insured: Phone:
- 4 Address:
- 5 Contact name: Email:

CLAIM DETAILS

- 6 Date of accident / incident:
- 7 Who is or may be bringing a liability claim against you?
Name: Phone:
Address:
- 8 Have they made a written or verbal claim against you? Yes No
If Yes, on what date did you receive it?
- 9 Please provide full details of the incident, including the work that you were carrying out at the time and how the accident or incident occurred. You may attach a separate document if you prefer. **Attach copies of all court documents, letters of demand, written allegations of fault, notes of any conversations with the claimant about the claim, and any other documents which will enable Us to understand the nature of the claim against you.**

10 Who carried out the work which gave rise to the accident or incident? What is their role in your organisation?

11 What damage or injury was caused by the accident or incident?

12 How much is being claimed from you?

13 Do you consider that you are at fault and why?

14 Have you made any admissions of liability or responsibility?

Yes No

If Yes, please provide details:

15 Have you obtained any legal or other advice about the claim against you?

Yes No

If Yes, please provide details. Please note that legal and other defence costs require prior approval and that Delta has the right to require the appointment of its own choice of representative.

OTHER INFORMATION

16 Do you have any other insurance policies which may cover this claim?

Yes No

17 What risk management steps have you taken / are you planning to take to prevent similar circumstances arising again?

18 Are you attaching any documents?

Yes No

If Yes, please list them:

DECLARATION

(a) I am authorized to complete this form on behalf of the Insured.

(b) The information given above is correct and complete to the best of my knowledge and belief.

(c) I have not withheld any material information which may affect Delta's assessment of this claim.

(d) I authorise the use of this information (and any further information supplied by me or the Insured during the course of the claim) by Delta to assess and administer this claim.

(e) I authorise the disclosure of this information by Delta to its advisers, reinsurers and other insurers.

(f) I understand that I / the Insured have certain rights of access to and correction of this information.

Signature of Principal, Partner or Director:

Full name of individual:

Date: / /



Lloyds is a member of the Insurance Council of New Zealand and we adhere to the Fair Insurance Code, which provides you with assurance that we have high standards of service for our customers