

**FORM OF NOTIFICATION OF CLAIM
OR CIRCUMSTANCES OUT OF WHICH A CLAIM MAY ARISE**

PLEASE DO NOT ADMIT LIABILITY TO THE INJURED PARTY.

This form must be completed by a Partner/Director/Principal of the Insured.

All questions must be answered as fully as possible using additional sheets if necessary.

Copies of relevant documentation should be attached.

Completed forms should be sent back to BizCover by email:

- Email: claims@bizcover.co.nz

Should you have any questions please do not hesitate to call one of our claims support staff on **0508 BIZCOVER** (0508 249 268).

1. Full name and address of the Insured:

Telephone:

Facsimile:

Email:

2. Full name and address of the Claimant (party claiming against the Insured) or possible Claimant.

3. When did the Insured perform the service out of which the claim arises or may arise?

4. Please provide the name of the person within the firm who actually performed the work or against whom the claim or possible claim is principally directed.

5. On what date did the Insured first become aware of the matter complained of or the circumstance which may give rise to a claim?

6. On what date was the allegation of negligence or the intimation of a claim (by the Claimant) first made against the Insured?

7. (a) Was the first intimation verbal or in writing? (If in writing please attach a copy)
- (b) If verbal, please give a "first person" account of the conversation.
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8. What (if any) is the amount claimed?

9. (a) What was the Insured retained (contracted) to do?
- (b) Was the Insured's retainer (contract of/for services) evidenced in writing? If so, please attach a copy. If not, please provide appropriate particulars.

10. Please provide a narrative of the facts and circumstances

11. Are there additional details about which you wish to advise, or which may be of interest to the Insurers, to provide Insurers with a better understanding of this matter? If so, please provide details (along with supporting documentation).

I, _____ (print name in full),
_____ (print position in full)

of the Insured and on behalf of the Insured declare the above answers to be true AND acknowledge that the Insurer(s) may make its/their decision on indemnity having regard to these answers.

Signature

Date