



ace insurance

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Legal Liability

CLAIM FORM

INSTRUCTIONS TO PROPOSER

Legal Liability Claims require special attention.

Please assist by answering ALL questions in full and return this form URGENTLY.

The personal information collected on this Claim Form will be held by ACE Insurance Limited and you have rights of access to and correction of this information under the Privacy Act 1993.

About ACE New Zealand

ACE Insurance Limited (New Zealand) is a member of the ACE Group of Companies®, a global leader in insurance and reinsurance with offices in more than 50 countries worldwide. ACE New Zealand has a financial strength rating of 'A' (Strong)* which was given on 1 October 2007 by Standard & Poor's (Australia) Pty Ltd, an approved company under the Insurance Companies (Ratings and Inspections) Act 1994. ACE New Zealand offers broker-based corporate property and casualty business, group personal accident and corporate travel products. In each area of specialty, ACE in New Zealand leverages global expertise and local acumen to create specific solutions to mitigate client risks. With a focus on building strong relationships by offering responsive service, ACE New Zealand's clients range from large multinational companies to local corporates.



LEGAL LIABILITY

8. Have you received or do you anticipate receiving, notice of any claim from or on behalf of Third Parties? Yes No

(If Yes, give full details)
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.....

9. Have you made any admission of liability or any statement concerning liability? Yes No

(If Yes, give full details)
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10. Give Names, Addresses and Telephone Numbers of any Witnesses to the Damage or Injury

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11. When and by whom was the Damage or Injury reported to you?

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12. Have any of your employees been injured or your own property been damaged? Yes No

(If Yes, give full details)
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13. Have you any other Insurance against your liability to the General Public? Yes No

(If Yes, Name the Insurance Company and provide details of the policy)
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14. Any further information you wish to add:

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LEGAL LIABILITY

DECLARATION

I/WE declare that to the best of my/our knowledge, the above are true statements of fact and that I/WE have not withheld any information relevant to this claim.

I/WE will offer every assistance within my/our power to ACE Insurance Limited or their representatives, in dealing with the matter.

I/WE agree ACE Insurance Limited shall have the authority to settle or otherwise deal with any claim made against me/us in respect of the matter.

PRIVACY CONSENT

ACE Insurance Limited ("ACE") collects, uses and retains your personal information only in accordance with the principles in the Privacy Act 1993. A copy of our Privacy Statement, which expands upon our privacy obligations and provides further information on your rights to access your personal information held by us is available on our website or by contacting our Privacy Officer on +64 (9) 3771459.

Your personal information will be used by ACE, or any third party that ACE provides the information to, for the purpose of assessing your claim or your entitlement to benefits and, if the claim is accepted, for administration of the claim and for planning, product development and research purposes.

Your personal information includes:

- (a) any information provided in relation to your claim;
- (b) any information that is health information or sensitive information;
- (c) any other personal information that you may provide to ACE or its third party contractors;
- (d) any information relating to the insurance policy on your life, including terms and conditions and claims history;
- (e) details of your employment including position, period of employment, remuneration, hours worked and duties performed; and
- (f) any other information relating to your income and solvency.

To process your claim ACE may need to collect your personal information from third parties such as your insurance broker, claims reference services, government organisations (for example social security agencies or taxation offices), any forensic accountant retained by ACE, your employers (past and present), your accountant and any businesses which provide information about the commercial activities of persons or, if you are, or have been, bankrupt the trustee of your estate (the "Parties"). You agree that the Parties may disclose your personal information to ACE.

ACE may disclose your personal information, including health and sensitive information, to third parties, including contractors and contracted service providers engaged by us to deliver our services (such as assessors), other companies in the ACE group, other insurers, our reinsurers, and government agencies (where we are compelled to by law). These third parties may be located outside New Zealand. ACE may also disclose your personal information to witnesses in respect to your claim.

You agree to us using and disclosing your personal information pursuant to ACE's Privacy Statement and this Claim Privacy Consent. In the event of any conflict between the documents, this Claims Privacy Consent shall be determinative. This consent remains valid unless you alter or revoke it by giving written notice to our privacy officer.

If you do not consent to the terms of this Claims Privacy Consent or revoke your consent, ACE may not be able to process or assess your claim.

Signature of Insured: _____

Signature of Witness: _____

Name of Insured: _____

Name of Witness: _____

Date: _____