

Public Liability Claim Form

If you need any help with this form, please contact
the nearest NZI Branch or your insurance advisor.



- **WARNING: If you supply any untrue or false information and know that it is not true NZI shall have the right to refuse the claim.**
- **We recommend that you read the Claims section of your policy.**
- **Please answer all the questions on this form. If a question does not apply to your claim, please answer "N/A".**
- **You must not incur any expense (unless it is to minimise the loss), or admit fault, without our permission.**

**Part A:
THE
INSURED**

Name of Insured:

Postal Address:

Best contact Phone No: Best time to contact:

Alternative contact:

**Part B:
THE
ACCIDENT**

1. Where did the accident happen? (please give the full address or details of the location)
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2. When did it happen? (please give date and time)

3. When did you first know about it?

4. How did the accident happen? (please give full details)
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5. Were there any witnesses? Yes No
If **"Yes"**, please give details (include name, address, contact phone etc.)
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6. Who you think is responsible for the accident and why?
Please give details below
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7. Did the accident happen in New Zealand? Yes No
If **"No"**, where did it happen?

Do you have a parent company, subsidiary branch or agent there? Yes No
If **"Yes"**, please give details
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OFFICE USE: Policy No..... Branch.....

