

Malpractice & Public Liability Claim Form



Please note:

1. Any Occurrence or Claim must be notified to Southern Pacific Underwriting Agency Limited immediately.
2. You must not incur any expenses without the written consent of Southern Pacific Underwriting Agency Limited.
3. You must not make any admission of liability, offer settlement, promise or payment without the written consent of Southern Pacific Underwriting Agency Limited.
4. Failure to provide full and correct information could result in your claim not being accepted by Southern Pacific Underwriting Agency Limited.
5. Please attach estimates in support of claim along with any other relevant documentation.
6. All material facts must be disclosed – whether subject to a specific question contained herein or not. You have a continuing duty to disclose all material facts to your insurer throughout the duration of any period of insurance. Failure to disclose a material fact may prejudice your rights under the policy in the event of a claim and/or render the policy void.
A material fact is any fact, matter or other information which may alter or influence an insurer's assessment or acceptance of this application. If you are in any doubt as to whether a fact is material then it should be disclosed to the insurer.

Insured Details

Name of Insured		Client Number	
Claim number (if known)			
Policy Number		Expiry Date	
Type of Policy			
Postal Address			
Home No.		Work No.	
Mobile No.		Email	
Business Activities			

Claim Information

1. When did the claim occur/complaint made? (Please provide date and time)

2. Please provide details of the claim/complaint

3. When did you first become aware of the claim/complaint?

4. Were there any witnesses? If yes, please provide their full name, address and contact details Yes No

5. In your opinion, who is responsible for the claim/complaint and why (please provide details)?

The Claimant

1. Has any other claim been made against you in connection with this claim?

If Yes, please provide details

Yes No

2. Have you sought Professional Advice in regards to this claim?

If Yes, please provide details

Yes No

3. Have you received any written notice or correspondence about the claim?

If Yes, please provide a copy of Claimant's details (Name, Address, and Phone Number)

Yes No

4. What is the nature of the allegations that have been made against you?

5. Estimated costs

Pursuant to the Privacy Act 1993

The following is brought to your attention:

- This claim form collects personal information about you;
- The collection of this information is required pursuant to the terms of your insurance policy;
- The information is collected to evaluate your claim;
- The failure to provide this information may result in your claim being declined;
- The intended recipient of the information is Southern Pacific Underwriting Agency Limited on behalf of Certain Underwriters at Lloyd's;
- Southern Pacific Underwriting Agency Limited may pass on your personal information to Certain Underwriters at Lloyd's for their recording, claims and underwriting purposes;
- You have the right of access to and correction fo this information in accordance with the Privacy Act 1993.

Declaration

I/We declare that:

- The information given in this form is correct.
- I/We authorise and request the New Zealand Police to release to Southern Pacific Underwriting Agency Limited copied of any or all documents held by the New Zealand Police relating to the incident giving rise to this claim. If necessary, this authority should be treated as a formal request pursuant to the Official Information Act 1982.
- I/We authorise the disclosure of personal information held by any other party regarding this claim.
- I/We agree to Southern Pacific Underwriting Agency Limited releasing to other related parties personal information regarding this claim if required.
- I/We authorise Southern Pacific Underwriting Agency Limited or its authorised agent to give or obtain from other insurers or other parties any information relating to any insurance held or claim made.

Signed

Insured(s) Signature

Position

Date

