

Claim Form

- **Section 1 & 2: Policyholder:** to be completed by a partner or director of the insured who is authorised to act if allegations are made against the company which may also become allegations against directors or officers.
- **Section 3 & 4: Subject Director:** to be completed by each and every director/officer who has had allegations intimated or brought against him/her due to the circumstance you are notifying. **Please copy section 2 for each of multiple directors/officers, or request further copies from your broker or Chartis.**
- **Section 5 Privacy Consent** to be signed by each and every Individual Person who completes any of these notifications

Section 1: Policyholder to Complete

Any questions which are not fully within the person's knowledge need to be investigated to obtain such knowledge OR give clear reasons why the information cannot be obtained.

Policy number: Policy Expiry date / /

Policyholder

Full Name of legal entity

Postal Address

Phone [] Email/Fax

BROKER

Broking House

Address

Broker Contact

Phone [] Email/Fax

Who should we contact to discuss the circumstance or claim?

Name Phone []

Email or Fax

Position of authority

What allegations have been made or intimated?

Is it a Circumstance only at this stage? YES / NO

What is your estimate of the potential amount of the claim? NZ\$

Name/s of all Director/s or Officer/s named in the allegation or involved in circumstance. (Add separate sheet, if required)

Name	Position title

What work was the firm retained to perform?

Has your Company or firm also been named in an allegation?

YES / NO

What was the earliest date on which any person in the Insured firm became aware of the circumstance?

/ /

Do you intend to appoint legal counsel?

YES / NO

Will your appointed lawyers act for the named directors/officers as well as the Company?

YES / NO

Name of law firm:

Lawyer

IMPORTANT: Is there a deed or memorandum of indemnity by the Company for the named directors and/or officers?

YES / NO

If yes, we require a copy with this claim notification:

Section 2- Declaration by Insured Policyholder

I/we (print name/s in full)

with full authority to make representations on behalf of the insured policyholder declare that the above answers and those contained in any attachments are true. I/we acknowledge that Chartis Insurance New Zealand Limited ('Chartis') may rely on such answers in determining indemnity.

I/we have not concealed any material fact relating to this claim and undertake to provide Chartis with my/our full co-operation and assistance in dealing with the matter.

I/we understand and acknowledge that failure to co-operate with Chartis and to provide all information relevant or potentially relevant their assessment of indemnity or management of any claim or potential claim, may result in Chartis being unable to process my/our claim.

Signature:

Title/Position of Authority:

Date:

/ /

Continued over page

Section 3: Subject Director or Officer to Complete

Director

Name

Address

Phone Email/Fax

Are you now or were you a director?

What was your period of tenure? First appointed Until

Officer

If you were or are currently an Officer what is/was your position in the Company at the relevant time?

Period of Employment: From Until

Name of the potential or actual third party Claimant

What was the nature and scope of work you were retained to perform?

On what date was this work performed?

What was the earliest date on which You personally became aware of the circumstance?

Has an allegation or intimation been made against You yet? If so, on what date was it made.

Give full details of the allegation and attach any correspondence or if verbal only, the person who concerned to complete a full account.

Please comment fully in answer to the allegation or circumstance.

What is the amount claimed?

Please comment with your own estimate.

Please make any other comments, which may be relevant to the circumstance or clarify any answers herein.

Have you appointed a Lawyer?

YES / NO

Name of law firm

Location

Name of lawyer

Phone

[]

Email/Fax

Postal Address

IMPORTANT: Is there a deed or memorandum of indemnity by the Company for You?

YES / NO

If yes, we require a copy with this claim notification:

Section 4 - Declaration by Director or Officer

I/we (print name/s)

Print Name

declare that the above answers including those contained in any attachments are true.

I/we acknowledge that the Chartis Insurance New Zealand Limited ('Chartis') may rely on such answers in determining indemnity and have not concealed any material fact relating to this claim and undertake to provide Chartis with our full co-operation and assistance in dealing with the matter.

I/we understand and acknowledge that failure to co-operate with Chartis and to provide all information relevant or potentially relevant their assessment of indemnity or management of any claim or potential claim, may result in Chartis being unable to process my claim.

Signature:

Signature

Position Title:

Position Title

Date:

/ /

Section 5 - Privacy Consent: All Individual Signatories to Complete

Important

Chartis Insurance New Zealand Limited ('Chartis') treats all matters about our insureds as confidential and will only disclose such information externally if necessary to administer, investigate or manage a claim, unless otherwise required by law. In compliance with the Privacy Act 1993, we need to obtain consent to collect and disclose personal information.

Privacy Consent and Disclosure

I/we consent to Chartis, in accordance with the Privacy Act 1993:

1. collecting holding and using any personal information submitted with this form for purpose of administering a claim including investigating, assessing and paying any claim made by me/us or on my/our behalf;
2. disclosing personal information submitted to another Chartis company, its staff members, the insured policyholder, other insurers and re-insurers, law enforcement agencies, investigators, lawyers, assessors, advisors and the agent of any of these, insurance broker, insurance agent or intermediary, employer for the purpose of administering my claim or providing a report.
3. Where I/we have provided information about another individual, I/we have also obtained that individual's consent to the above.

Information is provided to Chartis voluntarily, however if we do not collect this information we may not be able to assess a claim. Insured persons have rights of access and correction to their personal information under the Privacy Act 1993 Further information about rights of access and correction and privacy complaints can be obtained by emailing privacy.officerNZ@chartisinsurance.com

Policyholders

Signature/s
Name
Position
Date:

Signature/s
Name
Position
Date:

Director or officer

Signature/s
Position

Name
Date:

Director or officer

Signature/s
Position

Name
Date:

Director or officer

Signature/s
Position

Name
Date:

Director or officer

Signature/s
Position

Name
Date:

Director or officer

Signature/s
Position

Name
Date:

Please print out this form for signatures and post original to your broker

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