

PROFESSIONAL & ASSOCIATED LIABILITY

Claims/Circumstances Notification

NOTE

MOST IMPORTANT

- Do not admit liability, incur any legal costs or enter into any settlement discussions without the approval of your Insurer.
- Any intended responses to claimants or other parties on this matter must be approved by your Insurer before sending. Please forward for approval.
- Do not disclose the details of your Liability policy or Insurer to any claimant or their representatives without Lumley's approval.

Please complete, sign & return this form with all relevant documentation to:
Lesley Kerr, Aon New Zealand
PO Box 1184, Shortland Street
AUCKLAND 1140
Email: lesley.kerr@aon.com

A

INSURED

| | | | | |
|----|----------------------|----------------------|---------------------|----------------------|
| A1 | Name of Insured Firm | <input type="text"/> | | |
| A2 | Contact Person | <input type="text"/> | Position in Company | <input type="text"/> |
| A3 | Daytime Telephone | <input type="text"/> | Email Address | <input type="text"/> |

B

CLAIMS

| | | |
|----|---|---|
| B1 | When did the Insured first become aware of the circumstances which have led/may give rise to a claim? | <input type="text"/> |
| B2 | What alerted you to this matter? ie receipt of a written/verbal complaint, discovery of an internal error? Please provide details & copies of the complaint. Continue on separate/continuation sheet if necessary. Tick to confirm attachment: | <input type="text"/> |
| B3 | Name of claimant(s)/ potential claimants | Your estimate of Loss? <input type="text"/> |
| B4 | From what type of work has the claim/circumstance arisen? | <input type="text"/> |
| B5 | When did the Insured perform the work or carry out the services out of which this claim arises or may arise? | <input type="text"/> |
| B6 | Name of the person within the firm/company who performed the work or the services | <input type="text"/> |
| B7 | What is the nature of the notification/claim? Please provide a brief description of the circumstances and issues giving rise to this notification. Continue on a separate sheet if necessary. Tick to confirm attachment: | <input type="text"/> |

C

DOCUMENTATION

Please attach copies of all relevant documents in chronological order, including copies of:
| written complaints/demands | court documents | file notes relating to this notification.

[Tick to confirm attachment:](#)

D

DECLARATION

I/We, on behalf of the Insured declare the above answers and information to be true and correct. I/We authorise Lumley to obtain/disclose personal information and documents from/to any party for the purposes of this claim. I/We understand that this form requests personal information which is held by Lumley to evaluate the claim and failure to provide information sought may result in the claim being declined.

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Full Name | Position in Company | Signature | Date |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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Claims/Circumstances Notification Continuation Sheet

Continue with additional information here. Please identify the question number you are referring to.