



technical



training



insurance



## NOTIFICATION OF CLAIM FORM

This form must be completed by a Partner/Director/Principal of the Insured. All questions must be answered as fully as possible using additional pages if necessary.

### 1. Your Details (The Insured)

Your Name:
------------

Name of Your Firm:
--------------------

Policy No:
------------

### 2. Details of Person(s) Claiming Against You (Claimant)

Full Name of Claimant:
------------------------

Address:
----------

Suburb:	Postcode:	State:
---------	-----------	--------

*If known*

Phone:	Email:
--------	--------

**3. Details of Claim**

What was the work you were contracted (asked) to do?

Date the work was carried out

Who carried out the work?

Was your contract in writing, eg treatment proposal, quotation? If 'Yes', please attach a copy

If no, please provide full details of the work you were required to carry out.


When did you first become aware of the complaint or the situation that a claim has risen from?

Date:

Were you told verbally or in writing? If in writing, please provide a copy.

If verbally, please describe the conversation with the claimant. Eg "I was told ....."

*(Use a separate page if necessary)*


What are your comments on the claimant's allegations? *(Use a separate page if necessary)*


What is the amount claimed?

--

What are your comments on the amount of the claim? *(Use a separate page if necessary)*


Please provide full details of your inspection procedures when carrying out an inspection.  
(Use a separate sheet if necessary)


I, ..... (print name in full), a Partner/Director/Principal of the Insured firm declare the above answers to be true AND acknowledge that Pacific International may make its decision on indemnity having regard to these answers. I acknowledge that in accordance with the terms of the policy with Pacific International I shall bear the cost of the policy excess and agree to payment within 14 days from the date of their request. I further acknowledge that, in accord with the terms of the policy, Pacific International shall be entitled to take over and conduct the defence or settlement of this claim.

Signature ..... Date ...../ ...../ .....

Rapid Solutions acts under a Binder for Pacific International Insurance Ltd (NZ) and has been authorised to handle claims on behalf of the insurer.

*Clients who are not fully satisfied with our services should contact our customer relations/complaints officer. Rapid Solutions also subscribes to the Financial Ombudsman Service Limited, a free consumer service, and the General Insurance Brokers Code of Practice. Further information is available from our office.*