

General Liability Claim Form

This form collects personal information about you so that the insurer can evaluate your claim. Failure to provide this information may result in your claim being declined. The collection of this information is required as part of the terms of your insurance policy. It will be held by, Marble Insurance and the insurer who received your claim. You have the rights of access to and correction of this information subject to the provisions of the Privacy Act 2020. Click [here](#) to view our full Privacy Policy.

Insured Name/Company Details

Insured Name:
Contact Person:
Policy number:
Street Address:
City:
Postal/ Zip Code:
Phone:
Email:

Claim Details

Where did it happen:
City:
Postal/ Zip Code:
Date/Time:

How did it happen:

Were there any witnesses:

If 'Yes' details below.

	Name	Phone Number	Email
Witness One			
Witness Two			
Witness Three			

Injury/Damage Details

Was the property under your care:

Had you previously agreed to be responsible for any such damage:

Who owns the property:

Was the damaged property insured:

If 'Yes', please give name of Insurance Company:

Have you done anything to recede or make good on the loss or damage:

If 'Yes' please give details:

Claimant Details

Has any claim been made against you in connection with this accident:

If 'Yes' please give details below:

Full Name:

Street:

City:

Postal/ Zip Code:

Phone

Please circle if any of these apply to the claimant:

Related to you

Employed by you

A member of your household

Your agent

Your neighbour

Your landlord

Not Applicable

Have you received any written notice or correspondence about the claim:

If 'Yes' please attach a copy of the written notice or correspondence.

Declaration

I/We declare that to the best of my knowledge the details provided in this claim form are true. I/We have not withheld any information likely to affect the insurers consideration of the claim.

I/We agree to Marble Insurance Limited and the Insurance Company (and/or their agent) with whom I am insured may disclose my/our personal information regarding this claim to:

- a. Other parties including other members of the Insurance Industry and the data base of the Insurance Claims Register (ICR Ltd) PO Box 474, Wellington where it will be retained and made available to other insurance companies to inspect.
- b. Parties who have a financial interest in the subject matter of the policy and parties repairing or replacing the subject matter of the claim.
- c. I/We understand that I am/we are entitled to have certain rights of access to and correction of the personal information held by Marble Insurance Limited and the Insurer and ICR Ltd.
- d. I/We understand that my/our personal information may be provided to overseas third party service providers and/ or Insurers who may use this information either on our behalf or otherwise to process and evaluate the claim.

I/We agree to Marble Insurance Limited and the Insurer obtaining personal information about me/us that is, in their view, relevant to this claim.

From any other party including other members of the Insurance Industry and from Insurance Claims Register Ltd (ICR) which holds details of claims made by me/us under policies with other insurers.

All information and answers (whether written or oral) given to Marble Insurance Limited and the Insurance Company in connection with this claim are correct and that no information relevant to the claim has been omitted. I/We authorise Marble Insurance Limited and the Insurance Company to act on my/our behalf.

Declaration Signed By:

Full Name:

Date/ Time:

Signature: