



General, Employers &  
Statutory Liability Insurance  
**Notification form**



**IMPORTANT INFORMATION**

Use this notification form to notify claims on Delta Insurance General Liability, Employers' Liability or Statutory Liability policies. To notify claims on another policy, use the separate notification form for professional and financial lines claims.

You should not make any admission of liability, make any offer of settlement or incur any defence costs without Delta's prior approval.

**POLICY DETAILS**

- 1 Policy type: (Tick one)  General Liability  Employers' Liability  Statutory Liability
- 2 Policy number:
- 3 Name of Insured: Phone:
- 4 Address:
- 5 Contact name: Email:

**CLAIM DETAILS**

- 6 Date of accident / incident:
- 7 Who is or may be bringing a liability claim against you?  
Name: Phone:  
Address:
- 8 Have they made a written or verbal claim against you?  Yes  No  
If Yes, on what date did you receive it?
- 9 Please provide full details of the incident, including the work that you were carrying out at the time and how the accident or incident occurred. You may attach a separate document if you prefer. **Attach copies of all court documents, letters of demand, written allegations of fault, notes of any conversations with the claimant about the claim, and any other documents which will enable your insurer to understand the nature of the claim against you.**

10 Who carried out the work which gave rise to the accident or incident? What is their role in your organisation?

11 What damage or injury was caused by the accident or incident?

12 How much is being claimed from you?

13 Do you consider that you are at fault and why?

14 Have you made any admissions of liability or responsibility?

Yes  No

If Yes, please provide details

15 Have you obtained any legal or other advice about the claim against you?

Yes  No

If Yes, please provide details. Please note that legal and other defence costs require prior approval and that Delta Insurance has the right to require the appointment of its own choice of representative

#### OTHER INFORMATION

16 Do you have any other insurance policies which may cover this claim?

Yes  No

17 What risk management steps have you taken / are you planning to take to prevent similar circumstances arising again?

18 Are you attaching any documents?

Yes  No

If Yes, please list them

#### DECLARATION

(a) I am authorized to complete this form on behalf of the Insured.

(b) The information given above is correct and complete to the best of my knowledge and belief.

(c) I have not withheld any material information which may affect Delta Insurance's assessment of this claim.

(d) I authorise the use of this information (and any further information supplied by me or the insured during the course of the claim) by Delta Insurance to assess and administer this claim.

(e) I authorise the disclosure of this information by Delta Insurance to its advisers, reinsurers and other insurers.

(f) I understand that I / the insured have certain rights of access to and correction of this information.

Signature of Principal, Partner or Director:

Full name of individual:

Date:



We are a member of the Insurance Council of New Zealand and adhere to the Fair Insurance Code which provides you with assurance that we have the highest standards of service for our customers.