

CLAIM No. _____

EXCESS _____

Professional Indemnity Form/Incident Report Form

PLEASE ANSWER ALL QUESTIONS WHICH ARE APPLICABLE AS FULLY AS POSSIBLE

1. FULL NAME AND ADDRESS
OF THE MEMBER

Southland District Council
P O Box 903
Invercargill
PHONE 0800 732732

2. FULL NAME AND ADDRESS
OF THE CLAIMANT OR
POSSIBLE CLAIMANT

3. ON WHAT DATE WAS THE WORK DONE OUT OF
WHICH THE CLAIM ARISES OR MIGHT ARISE?

4. ON WHAT DATE DID THE MEMBER FIRST BECOME
AWARE OF THE MATTER COMPLAINED OF OR THE
CIRCUMSTANCE WHICH MAY GIVE RISE TO A CLAIM?

5. ON WHAT DATE WAS THE ALLEGATION OF
NEGLIGENCE OR THE INTIMATION OF A CLAIM
FIRST MADE AGAINST THE MEMBER?

6. (a) WAS THE FIRST INTIMATION VERBAL OR IN WRITING?
(b) IF VERBAL, PLEASE GIVE A 'FIRST PERSON' ACCOUNT OF THE CONVERSATION
(c) IF IN WRITING PLEASE ATTACH A COPY

7. WHAT ARE THE MEMBER'S COMMENTS ON THE CLAIMANT'S ALLEGATIONS?

8. (a) WHAT IS THE AMOUNT CLAIMED?
(b) WHAT IS THE MEMBER'S ESTIMATES OF
ITS POTENTIAL LIABILITY TO THE CLAIMANT

9. WHAT ARE THE MEMBER'S COMMENTS ON THE QUANTUM OF THE CLAIMANT'S CLAIM?

10. WAS THE MEMBER'S RETAINER A FORMAL WRITTEN DOCUMENT OR EVIDENCED BY A
LETTER OF APPOINTMENT?
IF SO, PLEASE ATTACH A COPY.
IF NOT, PLEASE GIVE PARTICULARS.

11. DETAILS OF FACTS AND CIRCUMSTANCES GENERALLY (USE ADDITIONAL SHEET IF NECESSARY AND ATTACH COPIES OF ALL RELEVANT DOCUMENTATION AND CORRESPONDENCE)

SIGNATURE OF MEMBER:

Kevin O'Connor
Manager Building Control

DATE:

IMPORTANT PRIVACY NOTE

You are supplying personal information in this claim form to the New Zealand Mutual Liability RiskPool, PO Box 11145, Wellington. We may send this to our Reinsurers as they may need the information to consider your claim. If you do not supply the information your claim cannot be considered. We and our Reinsurers will hold the information. We will give the name and address of the Reinsurers on request. You can ask to see the personal information held. You can also ask for it to be corrected. We may release information to other members of the insurance industry for claims handling or claims history purposes. By completing this form you authorise other parties to release relevant personal information.