

Claim Form – Legal Fees

ACCURACY OF INFORMATION. It is a condition of the Policy that all information provided is accurate. Any information found not to be true may lead to a claim being denied and the Policy being terminated. The insurer has the right to further investigate or audit any claim.

INSTRUCTIONS. Please complete this form and fax, with a copy of the legal proceedings, 9 302 7694 or mail to Claims Division, International Underwriting Agencies Ltd, PO Box 7238, Wellesley Street, Auckland, NZ. For further assistance contact us on 9 302 7693.

PLEASE COMPLETE:

Insured's Name (as listed on the policy schedule):

Policy Number: _____

Contact person should we have any questions:

Name: _____

Phone number: (____) _____

Fax number: (____) _____

Email address: _____

Please provide an outline as to the circumstances of the legal proceedings:

Is the 'Insured Name' being audited GST registered? YES [] NO []

If 'YES', their ABN is: _____

Signature: _____ Date: ____/____/____
(on behalf of the Insured)