



Disputes Tribunal

For more information visit www.justice.govt.nz/tribunals

CIV: _____

(Office use only)

Form 4: Acknowledgement from Applicant's Insurer

What is this form for?

Use this form if you (the applicant) have been, are entitled to be, or have sought to be, indemnified (that is, compensated) by your insurer for any loss caused by or arising out of the act, omission, or event on which your Disputes Tribunal claim is based, and your insurer wishes to waive notice of proceedings, or to abandon rights of subrogation, or both, in respect of your Disputes Tribunal claim.

Completing and submitting this form

1. This form is to be filled in by you (you must fill in Part 1) and your insurer (it must fill in Parts 2 and 4).
2. Please fill in CAPITAL LETTERS.
3. Check, before submitting this form, that it is complete and that you and your insurer have signed and dated it.
4. Submit this form with your Disputes Tribunal Claim Form.
5. Submit this form by post or in person to your closest District Court.

Definitions

Subrogation Subrogation is an insurer taking the place of an insured person, and having the benefit of the insured person's rights, in respect of the insured person's claim against a third person.

Part 1: Parties and insurers

Applicant's name (individual or organisation):

Attention (organisation's contact):

First respondent's name (individual or organisation):

Attention (organisation's contact):

Name of second respondent (if any, individual or organisation):

Attention (organisation's contact):

Applicant's insurer's full legal name:

Attention (insurer's contact):

Part 2: Waiver of notice

Does the applicant's insurer require notice? (please tick one)

Yes

No

Part 3: Subrogation

Select and complete the options that apply:

There are no uninsured losses

There are uninsured losses of the following amount, namely:

\$

The insured losses are the following amount, namely:

\$

I, the insurer, Either (a) abandon subrogation rights in respect of:

\$

and wish to exercise subrogation rights in respect of the balance of the insured losses

of: \$

Or

(b) abandon all subrogation rights

Part 4: Applicant's insurer's details

Insurance claim number:

Applicant's insurer's full legal name:

Attention (insurer's contact):

Contact details

Daytime telephone number: ()

Mobile telephone number: ()

Fax number: ()

Email address:

Insurer's signature:

Date

/

/

(day / month / year)

Applicant's signature:

Date

/

/

(day / month / year)