



Claim No.: _____

Policy No.: _____

Public and Products Liability Claim Form

Please return this form immediately. Omission of relevant information may delay attention to your claim.

Name of insured _____

Address _____

_____ Postcode _____

Address of premises where incident occurred _____

_____ Postcode _____

Occupation, trade or business _____

Telephone: Home _____ Business _____ Mobile _____

Tax details: ABN _____ ITC percentage on premium for this policy section _____ %

GENERAL QUESTIONNAIRE: This section must be fully completed

1. When did the accident happen? Date ____ / ____ / ____ Time ____ am/pm

2. Where did it happen? _____

3. How did it happen? _____

4. Who reported it to you? Name _____ Date reported ____ / ____ / ____

Address _____

_____ Postcode _____

5. Were there any witnesses? YES NO – if YES, state the person/s name _____

Address _____

_____ Postcode _____

6. Did Police attend the scene? YES NO – if YES, state the officer's name _____

Police station _____ Event No. _____

7. Have you received any notice of a claim from the injured person or the owner of the damaged property? YES NO

If YES, indicate whether: Verbal or In writing (please attach a copy)

8. Indicate the relationship to the insured of the injured person or the owner of the property damaged:

Family member Employee Customer of the insured

Customer of tenant Tenant Other (specify) _____

COMPLETE SECTIONS 1, 2 AND/OR 3 AS APPLICABLE

1. Injured person

- (a) Name _____ Age _____ yrs. Male Female
- (b) Address _____
_____ Postcode _____
- (c) Occupation _____ Employer _____
- (d) Obvious pre-existing physical impediments _____
- (e) What is the nature of the injuries? _____
- (f) Was it necessary to call for immediate assistance?
- YES – if YES, state whether a doctor or ambulance attended _____
- NO – if NO, state name of doctor or hospital _____

2. Property damaged

- a. Give the following information about the owner of the damaged property:
- Name _____
- Address _____
_____ Postcode _____
- b. Describe the damaged property _____
- c. Describe the nature of the damage _____
- d. What is the estimated cost of repair or replacement? \$ _____

3. If personal injury and/or property damage connected with your product

- a. State the name of the product _____
- b. Describe the use or purpose of the product _____
- c. When was the product sold? _____ / _____ / _____
- d. When was the problem discovered? _____ / _____ / _____
- e. What was the nature of the problem? _____

- f. When was the last alteration to the design or formula? _____ / _____ / _____
- g. Indicate your responsibility for the product by ticking the appropriate box below and answering the questions that follow:
- SELLER: State the distributor's name _____
and address _____
- DISTRIBUTOR: State the manufacturer's name _____
and address _____
- MANUFACTURER: Was the problem caused by an error or fault in:
- i) design or formulation? NO YES
- ii) a component supplied by you? NO YES
- iii) manufacture? NO YES
- iv) other circumstances not shown above (please specify) _____

- h. Have you issued a notice of recall? NO
 YES – if YES, state the details or recall _____

Privacy statement

Your privacy is important to AMP and your insurer, GIO General Limited.

We need to collect personal information from customers so we can:

- set up and administer a product for the customer;
- determine a customer's requirements and provide the appropriate product or service;
- assess a claim made by a customer under one or more of our products;
- assess customers and their needs;
- improve our financial products and services.

Without this information, we cannot provide the product or service.

AMP may make available the personal information to other members of the AMP group or your financial planner for the purposes stated above. GIO General Limited may make available the personal information to its related entities for the purpose of providing the requested product or service.

Protecting the privacy of customers is a key part of our normal operations.

We do not disclose personal information to any outside third party organisation, unless it is contracted to us to provide administrative, financial or other services or activities on our behalf. In this case, we make sure that the third party is bound by the same privacy rules we follow.

A customer may:

- access the personal information that we hold about them,
- obtain a copy of our Privacy Policies;

by calling 13 14 36

Declaration

- I/We. _____ of _____
- declare that the above information is true and correct.
- I give authority to AMP and GIO to get information in relation to insurance matters or claims history from other insurance companies, or an insurance reference bureau or similar organisation.
- I agree to AMP and GIO collecting, using and disclosing my personal information, including sensitive and health information if applicable, in accordance with the Privacy Statement included in this document and their respective Privacy Policies.

Signature of Insured _____

Witness _____

Address _____

Date ____ / ____ / ____

Postal Address: Commercial Claims
GPO Box 3999
SYDNEY NSW 2001

Phone 13 14 37
Facsimile (Property Claims) (02) 9249 8304
Facsimile (Injury Claims) (02) 8296 6793
Email commercialclaims@gio.com.au