

**personal  
and public  
liability**  
insurance



*Insurer*  
**CGU Insurance Limited**  
ABN 27 004 478 371

# personal and public liability

claim report

## Please keep this page for your information

### About Your Claim

- ◆ We will contact you as quickly as possible about your claim.
- ◆ If someone else involved in the accident contacts you about a claim, or for information, refer the person to your local CGU Insurance office.
- ◆ If you receive a writ or summons, or anything else from a legal firm, please send it to us immediately.
- ◆ We need to handle everything related to your claim.
- ◆ Please refer to your policy booklet for more information about how your claim will be handled.
- ◆ If you have any questions about your claim, please contact your local CGU Insurance office. The telephone numbers are:

Adelaide	(08) 8405 6300	Perth	(08) 9254 3600
Brisbane	(07) 3135 1900	Sydney	(02) 8224 4000
Launceston	(03) 6345 3500	Ballarat	(03) 5329 4100
Melbourne	(03) 9601 8222	Newcastle	(02) 4935 7100

### How you can resolve a dispute with us

Our dispute resolution system is free and works like this:

1. Please advise the staff at your local CGU Insurance office (phone numbers above) if you are dissatisfied with:
  - our decision on your claim,
  - our handling of your claim,
  - the services of our loss adjuster or investigator.
2. The staff member will try to resolve the problem.
3. If unable to resolve it, the staff member will refer it to the supervisor or manager for attention. A decision concerning your complaint will be made within 15 business days of receipt.
4. If this fails to resolve your problem, you may request that the problem be referred to our internal dispute resolution staff. They will investigate the dispute and try to reach a satisfactory outcome with you, normally within 15 business days of the date you requested a referral.
5. Brochures outlining our internal dispute resolution process are available from your nearest CGU Insurance office.

# Personal and Public Liability Claim Report

**Please answer all questions. This will help us process your claim quickly.**  
**If you need more space to answer any of the questions, please use a separate sheet of paper.**  
**Any attachments will form part of this claim report and the declaration will include them.**

1. Policy number  : :  : : : : : : : :  :  / /  /

You can find the information for question 1 on your policy or renewal schedule.

2. Insured (surname, company, partnership)

Given name(s) of insured

Contact person (for company or partnership claims)

3. Are you registered for GST purposes?  
 No  Yes  What is your ABN?

Have you claimed or do you intend to claim an input tax credit on the GST applicable to this policy?

No  Yes  Is the amount claimed or intended to be claimed less than 100% of the GST applicable to the premium?

No  Yes  Specify the percentage amount claimed or intended to be claimed  %

4. Address  
 Postcode

5. Private telephone no.  ( )  Business telephone no.  ( )  Facsimile no.  ( )

6. Type of business (for company or partnership claims)

## Accident details

7. When did the accident happen?  
 Date  /  /  Time  a.m.   
 p.m.

8. Address where the accident happened  
 Postcode

a) Do you own the land or buildings where the accident happened?  
 Yes  No  State name and address of the owner  
 Name  Address   
 Postcode

b) Do you occupy the land or buildings where the accident happened?  
 Yes  No  State name and address of the occupier  
 Name  Address   
 Postcode

9. a) Describe what happened


b) Who caused the injury or damage?

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c) What is their relationship to you?

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d) Do you consider you are liable?

No  Yes  Why?


10. a) Was the accident caused by a defect or hazard on the property where the accident happened?

No  Yes  How long had you been aware of it?

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b) Had anyone notified you of the defect or hazard before the accident?

No  Yes  When were you notified? Who notified you?

/   /	
-------	--

What details were given?


What steps had been taken before the accident to rectify the defect or hazard?


11. Did the accident involve:

a) Plant or equipment?

No  Yes  Describe it


Do you own it?

Yes  No  Who is the owner?

--

**b) A motor vehicle?**

No  Yes

Type of vehicle

Reg. or identification number

Driver's name

Driver's address

Owner's name (if not the insured)

Owner's address

Private telephone no.

Business telephone no.

**c) Animals?**

No  Yes

Type of animal(s)

Do you own the animal(s)?

No  Yes

If someone else is also responsible for the animal(s), please provide name and address

Name

Address

Postcode

Is the animal, or group of animals, normally confined behind fences? No  Yes

Have there been similar incidents involving the animal(s)? No  Yes

**12. Who reported the accident to you?**

Name

Address

Postcode

When was it reported? Time a.m.

p.m.

**13. List any witnesses**

**Witness no. 1**

Full name

Telephone no.

Address

Postcode

**Witness no. 2**

Full name

Telephone no.

Address

Postcode

14. Did the police attend the accident?

No

Yes

Officer's name

Name of station

15. Have you received a claim from the injured person, or the owner of the damaged property?

No

Yes

Attach any correspondence relating to this claim

16. What is your relationship to the injured person, or the owner of the damaged property?

17. Is there any other insurance which might apply to this claim?

No

Yes

Provide details and attach a copy of the contract(s)

### Injury details

18. a) Name and address of injured person

Name

Address

Postcode

b) Occupation

Employer

c) Age

Male

Female

Private telephone no.

Business telephone no.

19. What were the injuries?

  

20. Was medical assistance necessary?

No

Yes

Doctor

Ambulance

Hospital

Name of Doctor/Hospital

### Property damage details

21. Name and address of the owner of the damaged property

Name

Address

Postcode

**22. Describe the property and the damage**


**23. Estimated cost of repair or replacement**

\$

**Declaration**

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

I consent to CGU Insurance using my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however, CGU Insurance may not be able to process my claim.

\* I consent to CGU Insurance disclosing my personal information to other insurers, an insurance reference service or as required by law. I consent to CGU Insurance also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisers.

**Signature of the insured or person with authority  
to sign for and on behalf of a company or partnership**

**Date**

*\* This consent only applies when a claim is submitted in relation to a policy issued to the individual, not a company or business.*

**Please indicate the number of additional pages attached to this claim report**

**When complete, please forward this claim report to:**

- CGU Insurance, GPO Box 9902 in the capital city of your state or
  - our agent or your broker or
  - your local CGU Insurance office



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