



**PUBLIC & PRODUCTS LIABILITY
CLAIM FORM**

Fax: 02 9950 4001

The completion of this form is to report:

- Any incident which has caused bodily injury or property damage; or
- Any incident which has the potential to result in a personal injury or property damage claim

**IF YOU HAVE RECEIVED ANY WRITTEN COMMUNICATION, DO NOT
REPLY TO THE SENDER. PLEASE ATTACH TO THIS CLAIM FORM**

***Note:** You are reminded that in no circumstances should you admit any liability or make any offer or enter into any correspondence with any incident which may result in a claim under your policy.*

1. INSURED

Name of Insured _____

Policy Number _____

Contact Person _____

Work Phone Number _____ Mobile Number _____

Email Address _____

Postal Address _____

Broker/Agent Name _____

**IF THERE IS INSUFFICIENT SPACE IN THIS FORM,
PLEASE USE AN ATTACHMENT PAGE**

Please attach the information to this claim form which addresses following checklist of questions:

CHECKLIST OF QUESTIONS	INFORMATION ATTACHED (Please tick)
(a) Date and time incident occurred	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) Exact place incident occurred	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) Details of all parties involved (including person injured or owners of property lost or damaged)	Yes <input type="checkbox"/> No <input type="checkbox"/>
(d) Has a report for personal injury or property damage been made to you by a third party Claimant? If so, please attach report and advise by whom and when?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(e) If applicable, please state the nature of personal injury or loss or damage sustained	Yes <input type="checkbox"/> No <input type="checkbox"/>
(f) If applicable, please advise details of the injured person/s (including Name, Contact Details, Age, Sex, Occupation)	Yes <input type="checkbox"/> No <input type="checkbox"/>
(g) If treatment was given at the scene of the incident, please advise by whom, their contact details and what they did.	Yes <input type="checkbox"/> No <input type="checkbox"/>
(h) What business operation or activity were you performing when this incident occurred (for example: Excavating, Demolition, Asbestos or welding, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
(i) If this incident relates to your product causing personal injury and/or property damage, please provide details of your Product (ie. Product name, Model number, Serial number, Lot Number, Batch Number, Customer's name and contact details)	Yes <input type="checkbox"/> No <input type="checkbox"/>
(j) What do you estimate the total claim amount to be at this stage?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(k) Witness details (names and contact details)	Yes <input type="checkbox"/> No <input type="checkbox"/>
(l) Who has this incident been reported to? (please advise name, position/title, company and contact details)	Yes <input type="checkbox"/> No <input type="checkbox"/>
(m) Please attach any other information which you feel is relevant to this incident	Yes <input type="checkbox"/> No <input type="checkbox"/>

3. RISK MANAGEMENT

Could this incident be avoided in the future?

YES / NO

If "YES", how?

Could this loss amount be reduced?

YES / NO

If "YES", how?

What action will you take in the future for your business to avoid or reduce the likelihood of a similar incident occurring again?

If applicable, when will this action be implemented? ____/____/____

Completion date when action has been implemented? _____

Is there any further comments you would like to advise us of?

PRIVACY

The Privacy Act 1988 requires us to tell you that as an insurer will collect your personal and sensitive information in order to calculate you loss and entitlements, determine their liability, compile data and handle claims.

When handling claims, they may have to disclose your personal and other information to third parties such as other insurers, loss adjusters, external claims data collectors, investigators and agents, to the Insurance Reference Services (IRS), etc or other parties as required by law.

You have the right to seek access to your personal information and to correct it at any time. Please contact us on and advise us of the changes.

IDR STATEMENT

Disputes are not an everyday occurrence insurer. However we do provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details.

If you are not satisfied with the outcome of this process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

4. DECLARATION

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.

I/We acknowledge that I/we have read and understood the Privacy Act 1988 information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim. I/we acknowledge that if I/we do not agree to the collection of this personal and sensitive information then the insurer will be unable to process my/our claim.

Signature of Insured _____

Title/Position _____

Date _____ / _____ / _____