

WHK Centre, Level 4 142 Elizabeth Street, **Hobart TAS 7000** Ph (03) 6231 3360 Fax (03) 6231 6053

4 Stewart Street

Devonport TAS 7310

Ph (03) 6424 8886

Fax (03) 6423 4005

1<sup>st</sup> Floor, 75 Wilson Street **Burnie TAS 7320** Ph (03) 6431 1888 Fax (03) 6431 3444

237-241 Wellington Street **Launceston TAS 7250** Ph (03) 6334 6111 Fax (03) 6334 8811

Steadfast Taswide Pty Ltd ABN 24 092 613 664 AFS Licence No. 238451

enquiries@steadfasttaswide.com.au www.steadffasttaswide.com.au

## **Public Liability Insurance Claim**

The supply or acceptance of this form is not an admission of liability on the part of the insurer.

Full Name					
Address					
Bus Phone Private Phone Fax No.					
Occupation/Bus/Industry/Trade					
Name any other interested party How interested					
Address					
Policy Number Due Date					
Is there any other Insurance in force which would cover this in whole or part  Yes  No  No					
Insurer's Name					
Policy Details					
What is your Australian Business Number (ABN)?					
Are you registered for GST?  Yes  No					
To what extent are you entitled to claim an Input Tax Credit on the GST applicable to the premium?					

Date of Loss / Damage / or Occur	rence		Time			
When was it reported to you (if a	pplicable)?		Time			
Place and/or premises where it o	ccurred					
Please state full details of how los	ss/damage/or acc	cident occurred				
Please describe nature of damage or injury						
Name and address of injured person or owner of damaged property.						
Name	Add	Iress	Phone	No.		
Is the injured person or owner of damaged property in your employ, in the employ of any contractor or sub contractor to you, or related to you?  Yes No If Yes, please provide full details.						
Has any claim been made against you?  If Yes, state full details and attach all communication received.				No		
Did you admit liability in any way If Yes, provide full details.	<del></del>		Yes	No No		

Thave you arry other find	rmation of which you consider the con	mpany should be aware:			
Responsibility/Witnesses					
	other person(s) responsible for loss or nce? If YES, please give full details.	r damage Yes No			
Full Name					
Address					
Bus Phone	Private Phone	Fax No.			
Reasons					
Was there a witness or value of YES, please give full de		Yes No			
Name of Witnesses					
Witnesses' Address					
Bus Phone	Private Phone	Fax No.			
Insurance History					
caused damage or injury	y sustained loss/damage or y to 3 <sup>rd</sup> parties th losses and amounts involved	Yes No			

Was an Insurance Company involved?  If YES, give please state name of company and year of claim.  Yes  No	]
Have you been convicted of or had any fines or penalties imposed for any criminal offences in the last 10 years? If YES, Yes No please provide details.	
Privacy	
The Privacy Act 1988 requires us to tell you that we as broke and the insurer collect your personal and sensitive information in order to calculate your loss and entitlements, determine the insurer's liability, compile data and handle claims.	
When handling claims we and the insurer may have to disclose your personal and other information to third parties such other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents, or other parties as required by law.	ch as
Where you give us information about other persons you must have their consent to this and provide it on their behalf. not, you must tell us.	If
You have the right to seek access to your personal information and to correct it at any time. Please contact us to advis any changes are required.	e if
Internal Dispute Resolution (IDR) Statement	
Disputes are not an everyday occurrence. However insurers 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 that process, we will advis you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).	
Declaration (must be completed)	
1. I/We the insured do solemnly and sincerely declare that I/We have complied with the conditions and warran (if any) of the policy and have not deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or misrepresentation and that the information shown on the form is true and the I/We not concealed any information relating to this claim. I/We understand that this claim may be refused if the information is untrue, inaccurate or concealed.	
2. Further it is understood and agreed that if any property claimed for is subsequently recovered in an undamage condition I/We will immediately refund the company any sum which may have been paid to me/us in respect such property. In the event of any property being recovered in damaged condition I/We will immediately had	t of
<ul> <li>the same over to the company for disposal as may be agreed.</li> <li>I/We acknowledge that I/We have read and understood the Privacy Act 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.</li> </ul>	
<ul><li>4. I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information, then broker and the insurer will be unable to process my/our claim.</li></ul>	ı the
Date: Signature:	

## **How To Get Quick Action On Your Claim**

- 1. Complete the attached form and return to our office. If an assessor is appointed, give them the forms.
- 2. Attach all **original** quotations or invoices obtained for replacement of r repair to the damaged or missing property. Photocopies are not accepted as a rule.
- 3. Attach original valuations and receipt of purchases whenever possible
- 4. Advise the Police immediately in the event of loss by burglary, housebreaking, theft, suspected malicious damage. Also make sure the premises are secure to avoid further incidents.
  - **Note:** Police reports are very slow so if you can obtain one at the time the report is taken, then this will save valuable time or at least obtain a copy or report number.
- 5. Attach any letter of demand or other correspondence that you may receive from any Third Party.
- 6. Do not make any admission of liability for loss or damage caused by you to the Third Parties.

## WHAT WE WILL DO – IF THE PAPERWORK IS CORRECT AND COMPLETE: -

- Submit the claim form to the Insurer
- If the claim has not been paid within 30 days we will contact the Insurer and then advise you accordingly
- We will then follow up the claim when necessary until settlement is reached, however, please feel free to call at any time

## WHAT AN ASSESSOR WILL DO:-

- An assessor is an independent person who is appointed by the Insurer for the expertise in helping you finalise a larger or more difficult claim
- They will interview and obtain details of a loss and arrange for quotes and prepare the necessary paperwork
- The assessor is your contact point
- The assessor will write a report to the Insurer recommending a course of action
- This can take time depending on their work load and Police Reports
- The Insurer will not act until these reports are received and although not bound by the assessor recommendations, the Insurers usually accept these reports
- If you are unhappy with any aspect of the claim, advise the assessor. If he is unable to correct the problem then contact us immediately. We will not know of any problem without being advised.
- If you are unhappy with the assessor's responses, contact us immediately.

