



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

Email

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
If Yes, please advise in the space provided.

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 Occurrence Time

When was it reported to you (if applicable)? Time

Place and/or premises where it occurred

Please state full details of how loss/damage/or accident occurred

Please describe nature of damage or injury

Name and address of injured person or owner of damaged property.

Name	Address	Phone No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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? Yes No
If Yes, state full details and attach all communication received.

Did you admit liability in any way? Yes No
If Yes, provide full details.

Have you any other information of which you consider the company should be aware?

Responsibility/Witnesses

In your opinion was any other person(s) responsible for loss or damage
Or cause of the Occurrence? If YES, please give full details.

Yes No

Full Name

Address

Bus Phone Private Phone Fax No.

Reasons

Was there a witness or witnesses to this event?
If YES, please give full details.

Yes No

Name of Witnesses

Witnesses' Address

Bus Phone Private Phone Fax No.

Insurance History

Have you ever previously sustained loss/damage or
caused damage or injury to 3rd parties
If YES, give details of such 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

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Have you been convicted of or had any fines or penalties imposed for any criminal offences in the last 10 years? If YES, please provide details.

Yes

No

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EFT DETAILS

In the event the claim is successful and the Insurer can settle via ETF please provide the below details

Account name	
BSB	
Account number	

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 as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents, or other parties as required by law.

Where you give us information about other persons you must have their consent to this and provide it on their behalf. If not, you must tell us.

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

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 advise 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 warranties (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 have 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 undamaged condition I/We will immediately refund the company any sum which may have been paid to me/us in respect of such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.

3. 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.
4. I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information, then the broker and the insurer will be unable to process my/our claim.

Date: _____ Signature: _____