

Steadfast Taswide



Insurance Brokers

336 Elizabeth Street
North Hobart TAS 7000
Ph (03) 6231 3360

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

12 Don Road
Devonport TAS 7310
Ph (03) 6424 8886

enquiries@stib.com.au
www.steadfasttaswide.com.au

75 Wilson Street
Burnie TAS 7320
Ph (03) 6431 1888

91 Paterson Street
Launceston TAS 7250
Ph (03) 6334 7988

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
If Yes, please advise in the space provided. Yes 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? %

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

Details of the injured person or owner of damaged property

Name

Address

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?
If Yes, please provide full details.

Yes

No

Has any claim been made against you?

If Yes, state full details and attach all communication received.

Yes

No

Did you admit liability in any way?

If Yes, provide full details.

Yes

No

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

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

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: