

# Public Liability Claim Form

To ensure that we are able to provide the highest level of claims service to you, please complete all of the details required in this Claim Form and return to our office as quickly as possible.

## Policy holder details

Insured Name:		Policy No.:	
Business Address:			
	State:		Post Code:
Postal Address:			
	State:		Post Code:
Phone:	Mobile:	Fax:	
Email:			

## Claimant details

Name:			
Business Address:			
	State:		Post Code:
Postal Address:			
	State:		Post Code:
Phone:	Mobile:	Fax:	
Email:			

## Occurrence details

Date of Occurrence:	
Location of Occurrence:	
Date you were first notified:	
Name of person who notified You:	
Provide detailed description of the Occurrence in space below:	

## Damage details

Provide details of all Property Damaged in space below:

## Injury details

(If more than one please complete separate list)

Was anyone injured?

Yes  No

If **'Yes'**, name of Injured Party:

Address:

State:

Post Code:

Phone:

Mobile:

Details of i njuries:

Detail below exactly how these injuries occurred?

## Police details

Did Police attend?

Yes  No

If 'Yes', date they attended:

Officer's Name:

From which Station:

Report Number (if known):

## Witness details

(If more than one please complete separate list)

Were there any witnesses?

Yes  No

If 'Yes', name of witness:

Address of witness:

State:

Post Code:

Phone:

Mobile:

## Details of any claims made against You

Please attach copies of all correspondence to this claim form.

## Declaration

I/We declare that the answers to the questions in this claim form are, to the best of my knowledge, true and correct and I have not withheld any information that is likely to affect consideration of this claim. Where such answers are not in my handwriting, I/We have checked these answers and certify that they are correct.

Proposer's Name:

Signature:

Date:

Proposer's Name:

Signature:

Date:

## Privacy

The Privacy Act 1988 regulates the way We can collect, handle, store and disclose Your personal and sensitive information in order to decide whether to issue a Policy, determine terms and conditions of the Policy, compile data and handle claims.

We will only use and disclose Your personal information for a purpose You would reasonably expect. For example, in handling claims We may have to supply Your personal information to third parties such as other insurers, reinsurers, external claims data collectors, loss adjusters, investigators and agents or other parties as required by law. We limit the use and disclosure of any personal information provided by Us to them to the specific purpose for which We supplied it.

By providing Your personal information to Us, You consent to Us making these disclosures. Without Your personal information We may not be able to issue insurance cover to You or process Your claim.

We do not trade, rent or sell your information.

You also have the opportunity to find out what personal information We hold about You and when necessary, correct any errors in this information. Please contact Us if You would like to obtain access to, or amend Your personal information or feel that the information We currently have is incorrect or incomplete or believe that the privacy of Your personal information has been interfered with.

In these cases You are entitled to raise your concerns, Your complaint will be managed and resolved through Our internal Privacy Complaint Procedure.

Should You wish to obtain more information about Our Privacy Principles, please contact Us.