

Public Liability Claim Form

- If you receive a writ or anything else from a legal firm, or a demand for compensation, please advise us immediately
- You must not admit liability for the claim, attempt to settle the claim, or make any promise with respect to the claim without our written agreement
- Please attach a separate sheet of paper if you need more space. Any attachments will form part of this claim form and your declaration will include them

Insured details

Name of Insured:

Trading as:

Contact person:

Telephone: (...) Facsimile: (...) Email :.....

Postal address: Postcode:

Type of policy: Policy number: Expiry:/...../.....

GST details

Are you registered for GST purposes? No Yes If Yes, what is your ABN?.....

Have you claimed / can you claim an Input Tax Credit on the GST applicable to the policy? No Yes

If Yes, is the amount claimed less than 100% of the GST applicable to the policy premium? No Yes

If Yes, please specify your percentage entitlement: %

Incident details

1. Time and date of incident: am / pm Date:/...../.....

2. Location of incident:

3. Please describe what happened:.....

.....

.....

4. Name and address of person who notified you:

.....Telephone: (...)

5. Time and date incident reported to you: am / pm Date:/...../.....

6. Do you own the land or buildings where the incident happened? Yes No If No, please provide the name

and address of the owner:

..... Postcode:..

7. Do you occupy the land or buildings where the incident happened? Yes No If No, please provide the name

and address of the occupier:

.....

8. Was the incident caused by any defect or hazard on the property? No Yes If Yes, when did you first know about the defect or hazard?

9. Had anyone previously told you about the defect or hazard? No Yes Date advised:/...../.....

(a) Who notified you and what details were given?.....

(b) What steps were taken to rectify the defect/hazard before the incident occurred?

10. Who caused the injury and/or damage and what is their relationship to you?

11. What is your relationship to the injured person or owner of the damaged property?

12. Details of any other insurance that might apply to this claim:

Injured party details

Name of injured party: Telephone: (...)

Address..... Postcode.....

What are the injuries?.....

Was medical assistance provided? No Yes Doctor Ambulance Hospital

Provide details:

Property damage details

Name of owner of damaged property:

Address: Postcode:

Describe the damaged property:.....

Estimated repair/replacement cost: \$

Witness details

(i) Name: Telephone: (...)

Address: Postcode:

(ii) Name: Telephone: (...)

Address: Postcode:

Police details

Did the police attend the scene of the incident? No Yes

Officer's name: Police Station:

Has a claim been made?

Have you received a claim from the injured person or the owner of the damaged property? No Yes

If Yes, please attach a copy of the claim if it is in writing, and any supplementary correspondence or documentation.

Declaration

(If a company, the following declaration must be made and signed by a member of the company, so describing himself/herself)

I/We declare that the above answers are true and correct to the best of my/our knowledge and that I/we have not withheld any relevant information that may affect the claim. I/We consent to ATC Insurance Solutions using my/our personal information provided on this form for the purpose of processing the claim.

Signed: Date:/...../.....

Name and title (please print):