



# Public and Products Liability - Claim Form

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Please ensure this form is completed for all Parts which apply to your claim.  
The issue and acceptance of this form does not constitute an admission of liability by Underwriters or a waiver of their rights.  
**Please note if there is insufficient space** provided to fully answer any question, please attach an additional sheet of paper with the extra information as required. All such attachments will be subject to the Declaration on page 2.  
**Please answer all questions.** Any question left unanswered or answered as known to broker or insurer or otherwise answered in an incomplete way may delay the processing of your claim.

- 1. Policy Number.....
- 2. Claim Number: .....
- 3. **Details of Insured**
  - (i) Name/s of Insured: .....
  - (ii) Address: .....
  - (iii) Occupation/Profession/Trade or Business: .....
  - (iv) Telephone Number: .....

### 4. Report of Injury and/Or Damage

Please provide the particulars of the Occurrence likely to result in Personal Injury and/or Property Loss or Damage claim:

- (i) Date of occurrence: ..... Time of Occurrence: .....
- (ii) Exact place of occurrence: .....
- (iii) What happened and how did it occur? .....

.....  
.....

(iv) Witnesses:

<i>Name</i>	<i>Address</i>
.....	.....
.....	.....
.....	.....
.....	.....

(v) Name and address of persons injured or owners of property lost or damaged:

<i>Name</i>	<i>Address</i>
.....	.....
.....	.....
.....	.....
.....	.....

- (vi) State nature of personal injury or loss or damage sustained: .....
- .....  
.....

(vii) With regard to lost or damaged property, has an estimate of cost become available?  Yes or  No

If Yes, what is it: .....

**5. Claim**

(i) Has a report of personal injury and/or property damage been made to you by a Third Party Claimant?  Yes or  No

If Yes, please provide details including whom and when: .....  
.....

(ii) Have any claims been made on you either verbally or in writing?  Yes or  No

If Yes, please provide details and enclose any Third Party correspondence: .....  
.....

(ii) If this claim is in respect of a faulty or defective product, please advise whether you have ever previously had any claims made against you in respect of this particular product?  Yes or  No

If Yes, please provide details: .....  
.....

**IMPORTANT NOTICES - To be read and completed by ALL CLAIMANTS**

**Privacy Statement**

Privacy – We are committed to protecting your privacy. We use the personal information you provide to us in connection with your claim only for the purpose of assessing and managing the claim. We may need to provide that information to our underwriters and reinsurers (and their representatives) and those we appoint to assist us with the claim. We will not trade, rent or sell your information.

If you don't provide us with complete information, we cannot properly assess your claim. You can check the personal information we hold about you at any time.

If you provide us with personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.

For more information about our Privacy Policy, please ask us for a copy or visit our website.

**Our Complaints and Disputes Policy**

If you have a complaint about how we handle your claim please write to us and explain the basis of your complaint. We have an Internal Dispute resolution process to assist you. If you are not satisfied with our response, and wish to proceed with your dispute or complaint, you may contact Lloyd's Australia. They offer a no cost to you service and are totally independent and impartial. If your dispute remains unresolved they will advise you of any further dispute resolution facilities available to you. Details are available from Lloyd's Australia by phoning 02 9223 1433 or visiting their Website [www.lloydsaustralia.com.au](http://www.lloydsaustralia.com.au)

**Notes**

- 1 Please attach any other information which will assist us in our consideration of your claim.
- 2 Your Insurance adviser will advise you on where to send this claim form. If you have any doubts, you may contact us on 1800 682 366.

**Declaration**

I/We hereby declare that we have read and understood the Important Notices above and agree to them.

I/We hereby confirm that I/We have read this claim form and that the answers provided are in every respect true and correct and that I/We have not withheld any information relevant to consideration of the liability of this Policy for this claim.

I/We further confirm that if such information is in the writing of any person other than myself such persons shall be deemed to have been my Agent for the purpose of providing this information.

Date:..... Signature of Insured:.....