

PUBLIC/PRODUCTS LIABILITY INCIDENT REPORT



The completion of this form is to report:

- Any accident which has caused bodily injury or property damage; or
- Any accident which has the potential to result in a personal injury or property damage claim.

If you have received any written communication, do not answer. Attach to this claim.

Claim Number

Name of Insured

Contact Person

Home Phone No.

Work Phone No.

Mobile No.

Email

Occupation

Postal Address

Postcode

G.S.T.

Are you registered for GST purposes?

Yes

No

A.B.N

To what extent are you entitled to claim an Input Tax Credit on the GST for this policy?

%

Premises Leased?

Yes

No

Have premises been altered since Incident?

Yes

No

If Yes, give details

Incident / Accident

Date

Time

am/pm

Date Reported

Location

Purpose for which location was being used

Who was incident reported to?

Employee

Yes

No

Describe the Incident (including the cause and source of information)

Products Liability (If applicable, please complete the following)

Product Name

Model No.

Serial No.

Postcode

Phone No. (Home)

Work No.

Mobile No.

Where was the witness?

Privacy

The Privacy Act 1988 requires us to tell you that we collect your personal and sensitive information in order to calculate your loss and entitlements, determine our liability, compile data and handle claims. When handling claims, we 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.

IDR Statement

Disputes are not an everyday occurrence. However we do provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details. If you are not satisfied with the outcomes of this process, we will advise you to contact the insurance industry's external independent complaints scheme (subject to eligibility).

Declaration

I / We certify that the information given in this form is truthful, accurate and complete. No Information likely to affect this claim has been withheld. I / We understand that this claim may be refused if information is untrue, inaccurate or concealed.

I / We acknowledge that I / we have read and understood the Privacy Act 1988 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, with their approval. I / We acknowledge that if I / we do not agree to the collection of this personal and sensitive information then your insurer will be unable to process my / our claim.

Signature of Insured

Date