

Claim Form | Public & Products Liability

Policy Details

Name of Insured:

Ins. Certificate No:

Email Address:

Phone No:

Address:

Business Activity:

Details of Incident

Time & Date:

Place where incident occurred:

Full details of the incident including name of third party, extent of injury and/or damage and any other information that may be useful:

If it is known, please provide details if the third party has suffered or required treatment for any similar injuries in the past:

If the claim is in respect of loss or damage to property belonging to the claimant, please advise approximate value, if known:

To whom was the complaint first made and by whom? Had the incident been recorded in any log prior to the receipt of this complaint? If so, please provide a copy.

Name of person who caused the incident:

Has any incident due to the same cause happened before? If so, please provide details:



If the incident involves subcontractors or any of their employees, please provide details including their Public Liability Insurers and Policy No.:

Please give names and addresses of any witnesses and advise whether they are in your employment or not:

Have you received any claim yet? If so, from whom?

Was the matter reported to the police? If so, please provide the following details:

Police Notification - Station: _____ Time & Date: _____

Police Officer's Name: _____ Event/Report No: _____

Declarations

I/We acknowledge that I/We have read and understood the Privacy Act information at www.protecsure.com.au and consent to the collection, storage, use and disclosure of my/our personal and sensitive information so that Protecsure, as agent for W.R. Berkley Insurance (Europe) Limited incorporating W.R. Berkley Insurance Australia will be able to process my/our claim.

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 in no manner deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or willful misrepresentation and that the information shown on this form is true and that I/we have not concealed any information relating to this claim.

Print Name: _____ Title: _____

Signature of Insured: _____ Date: _____

Protecsure Pty Ltd NZBN 9429030878495. FSP 3661771 is an underwriting agency for Chubb Insurance Ltd



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