

SECTION 2 CLAIMS NOTICE FORM – V01122015

Your Policy is arranged by Ensurance Underwriting Pty Ltd and Section 2 is underwritten by Atrium of Lloyds of London.

This form is issued to enable the insurer to initiate any claim which might arise, and it is therefore essential that the questions asked be fully and accurately answered.

You are reminded that in no circumstances should you admit liability or make any offer or enter into any correspondence with relation to any incident which may result in a claim under your policy.

NO LIABILITY IS ADMITTED BY THE ISSUE OF THIS FORM

POLICY DETAILS

Your name & policy number

Your address
& telephone
number

Are you aware of the existence of any other insurance policy (whether or not in Your name) which would provide either partial or complete coverage for the damage? Yes / No

If so, please give details

Has any claim been made on you either verbally or in writing? Yes / No * Delete as applicable

If so, please give details and enclose any third party communications

INCIDENT DETAILS

General Incident Details

Place, date and time of incident

Who reported the incident to you and at what date, time?

Was the incident due to any breakdown or defect in works, machinery or plant? Yes / No

If so, please give details

Can the incident be attributed to fault or negligence? Yes / No

If so, please give details of the party at fault or negligence including their employer details



Describe fully how the incident occurred (please detail more fully on attached papers including any sketches where you feel they are appropriate)

[Redacted area for incident description]

Describe fully the loss or injury sustained (please detail more fully on attached papers including any sketches where you feel they are appropriate)

[Redacted area for loss or injury description]

What is the name and address of the person injured or owners of the property lost or damaged?

[Redacted area for name and address]

Has any estimate of cost become available, if so please provide details?

[Redacted area for cost estimate details]

Has any demand for injury and/or damage been made against you? If so, please give details and provide correspondence/documentation?

[Redacted area for demand details and documentation]

Have you admitted responsibility in any way?

[Redacted area for responsibility admission]

WITNESSES

Names, addresses and their relationship to you

[Redacted area for witness information]



Ensurance
Underwriters

DECLARATION

I / We declare that the whole of the statements made by me / us in this Claim Notice Form are in every respect true to the best of my / our knowledge and that no person(s) has / have an interest in the damage or liability other than as stated herein.

Signature

Date

Print Name and Title

[Redacted area for signature, date, and name]