



Liberty
International
Underwriters™
Member of Liberty Mutual Group

Liberty International Underwriters
A Member of the Liberty Mutual Group

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PUBLIC AND PRODUCTS LIABILITY CLAIM FORM

IMPORTANT NOTICE

- Please read this Claim Form fully prior to answering the questions.
- ALL questions must be answered as fully as possible. Please use additional sheets if necessary and copies of relevant documentation should be attached.
- If you have any questions in relation to completion of the Claim Form, please contact your insurance advisor or broker.
- Please send the completed Claim Form, as soon as possible, to your insurance advisor or broker.
- Appointment of legal representatives should not occur without the prior consent of LIU.
- You are reminded that in no circumstances should you admit any liability or make any offer or enter into any correspondence with any incident which may result in a claim under your policy.

DETAILS OF INSURED

Name of Insured

Division Concerned

Address

Profession, Occupation, Trade or Business

Policy No.

Telephone No.

Input Tax Entitlements

ABN

REPORT OF INJURY AND/OR DAMAGE

Particulars of occurrence likely to result in personal injury and/or property loss or damage claim:

Date of loss

Date reported to you

Exact place of occurrence.

What happened and how did it occur?

Was accident due to Any individuals? Property? Plant or Equipment? Motor Vehicle?

REPORT OF INJURY AND/OR DAMAGE (CONTINUED)

Please provide details.

Witness

Name	Address	Relationship

Name and address of person injured or owners of property lost or damaged.

State nature of personal injury or description of loss or damage sustained.

With regard to lost or damaged property, describe nature and extent of damage. Has any estimate of cost become available? If so, please give details.

CLAIM

Has a report of personal injury and/or personal damage been made to you by a third party claimant?

If so, by whom and when?

Has any demand for injury and/or damage been made against you?

If so, please give details and attach any correspondence/documentation.

CLAIM (CONTINUED)

If you have admitted responsibility in any way, give details.

Name of person to contact at Insured in order to obtain further information.

Please provide their telephone address if different from policyholder details at start of claim form.

PRIVACY NOTICE

We are bound by the Privacy Act and its associated National Privacy Principles when we collect and handle your personal information.

We collect personal information in order to provide our services and products. We also pass it to third parties involved in this process such as our reinsurers, agents, loss adjusters and other service providers.

You can seek access to and, if necessary, correct your personal information by contacting our Privacy Officer.

When you give us personal or sensitive information about other individuals, we rely on you to have made or make them aware that you will or may provide their information to us, the purposes we use it for, the types of third parties that we disclose it to and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done either of these things, you must tell us before you provide the relevant information.

DECLARATION

I, (print name in full)

(position)

of the insured and on behalf of the insured declare the above answers to be true and correct AND acknowledge that the insurer may make its decision on indemnity having regard to these answers.

Signature

Date