



Liberty™
International
Underwriters

**PUBLIC AND
 PRODUCTS LIABILITY**

CLAIM FORM

POLICY HOLDER

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 occurrence

Exact place of occurrence

What Happened and How did it Occur

Witness (give names and addresses)

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

State nature of personal injury or loss or damage sustained

With regard to lost or damaged property, has any estimate of cost become available? If so, please give details.

CLAIM

Has a report of personal injury and/or personal damage has been made to you by a third party Claimant?
If so, by whom and when?

Has a report of personal injury and/or personal damage has been made to you by a third party Claimant?
If so, by whom and when?

Name of person to contact at Insured in order to obtain further information.
Please provide their telephone address if different from Policy Holder 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.

I hereby declare that the foregoing particulars are true and correct to the best of my knowledge and belief.

Date _____ Signature of Insured _____

NB. 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.