

# PUBLIC LIABILITY CLAIM FORM

**NOTE: This form is sent without admission of liability, and it must be completed and returned to the Company, IMMEDIATELY, whether Claim is made or not. All questions to be answered fully.**

## THE INSURED

Full Name		Telephone Number	Private
Address			Business
	Postcode	Fax No.:	

What is your Occupation, Trade or profession? (including Part-Time)

## GOODS AND SERVICES TAX

To ensure you do not incur any unnecessary GST liabilities on this claim please complete these details.

Are you registered for GST purposes?  
No  Yes  What is your ABN?  If you registered and have an ABN, have you claimed or will you be claiming an input tax credit on the GST applicable to this policy?  
No  Yes  Is the amount claimed less than 100% of the GST applicable to the premium? No  Yes  Specify the percentage amount claimed  %

Please note that this information is used by the insurer for their own GST calculations and will not affect your claim.

## PARTICULARS OF INCIDENT

Date  /  /  Time  am  
 pm

Where did the incident happen?

Names and Addresses of any employees whose negligence is alleged to have caused the incident:

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State clearly and fully how the incident happened. (Please attach any documents or diagrams).

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Names and Addresses of any Witnesses

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Give details of all persons injured:

Name	Age	Address	Injuries

Which, if any, of these persons was:

(a) a relative residing with you?

(b) your employee?

(c) employee of a contractor working for you?

Name and address of owner of property damaged

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Nature of Damage

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## Declaration

I/We hereby declare the foregoing particulars to be true to the best of my/our belief and knowledge.

Signature of Insured  Signature of Witness  Date  /  /