# Public and Products Liability Insurance

**Claim Form**

**Insured’s Details**

Name of Insured:

Trading Name of Business:

Contact Name:

Address:

Telephone Number:       Mobile Number:

Email Address:

Policy Number:

|  |  |  |
| --- | --- | --- |
| Are you registered for GST purposes? | Yes [ ]  | No [ ]  |
| **If yes**, what is your ABN?        |
| What was your ‘Entitlement to an Input Tax Credit’ (EITC%) on your premium payment for this policy? |  % |

**Claim Details**

Date of Incident:       Time:       [ ]  am [ ]  pm

Date you first became aware of the Incident:

Address of Incident:

You are:

[ ]  the owner of the above address

[ ]  the lessee of the above address. **Please provide a signed copy of the Lease for the premises.**

Please describe the circumstances of the loss as fully as possible (if insufficient space, please attach a separate sheet):

**General Information**

**Witness no. 1**

Full Name:

Address:

Telephone Number:       Mobile Number:

**Witness no. 2**

Full Name:

Address:

Telephone Number:       Mobile Number:

|  |  |  |
| --- | --- | --- |
| Have the police been informed of the Incident/attend? | Yes [ ]  | No [ ]  |
| **If yes**, please give details:Police Station reported to:       Report No:       (Please attach police complaint acknowledgement form for all cases of theft or loss.) |
| If no, please give reason:          |
| Have there been prior incidents in similar circumstances? | Yes [ ]  | No [ ]  |
| **If yes**, please give details:          |

|  |  |  |
| --- | --- | --- |
| Do you consider yourself responsible for the Incident? | Yes [ ]  | No [ ]  |
| **If yes**, state reason:          |
| If **no**, state reason:         Name and address of person(s) you consider to be responsible and their relationship to you:         |

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| --- | --- | --- |
| Are you aware of any defect to your plant, equipment or any other property which gave rise to this claim? | Yes [ ]  | No [ ]  |
| **If yes**, please give details:          |

**Injured Person(s) Details**

Full Name:

Address:

Full details of injuries:

What is your relationship to the person?

**Property Damaged Details**

Name of the owner(s) of the property damaged:

Address:

Describe the property and the full details of damage (if a vehicle, include make, model and registration) – **attach repair/replacement quotes if possible**:

What is your relationship to the owner(s)?

Estimated cost of repair/replacement $

|  |  |  |
| --- | --- | --- |
| Was the property in your custody? | Yes [ ]  | No [ ]  |
| **If yes**, for what purpose?          |
| Have any repairs been carried out? | Yes [ ]  | No [ ]  |
| **If yes**, please give details:Name of repairer:       Address of repairer:         Cost of repairs: $        |

|  |  |  |
| --- | --- | --- |
| Do you hold any other insurance under which a claim for this Incident may be made? | Yes [ ]  | No [ ]  |
| **If yes**, please give full details:         |

|  |  |  |
| --- | --- | --- |
| Have you previously (in the past three years) made a claim against any insurance company? | Yes [ ]  | No [ ]  |
| **If yes**, please give details of each loss and the amount claimed:       $              $        |

**Declaration *Please read carefully before signing***

I/we declare that all the particulars stated above and statements made in support thereof are **true and correct**, that no information relevant to this claim has been withheld, that no other person(s) have an interest of any kind in the said property and that all conditions and stipulations of the policy have been complied with.

I/we hereby claim from the underwriters in respect of the loss, damage or accident described above and declare that the amount claimed is based on a true value at the time of the loss.

I/we understand that the underwriters or their representatives may make further investigations in respect of this claim and that I/we may be required to submit further information and/or documentation in the furtherance of our claim.

Signed: Dated:

By:

Position:

Please return your completed claim form to your broker or:

Keystone Underwriting Australia Pty Ltd

17/296 Bay Road

Cheltenham, VIC 3192

Phone: 1300 946 530

Email claims@ksua.com.au

Keystone Underwriting Australia Pty Ltd is not an insurer under your policy. The insurer(s) are those underwriters shown under “Security” in your schedule. Please note that, in accepting this claim form, Keystone Underwriting Australia Pty Ltd is acting as an agent of the insurer(s) and not as your agent.