

Public and Product Liability Claim Form

Claim Form or Notification of a circumstance that could give rise to a claim.

IMPORTANT NOTICE TO POLICY HOLDER.

It is essential that this form be returned directly to Ansvar Insurance, with all questions answered, at the earliest opportunity. Please print your answers and where appropriate.

Please do not make any admissions of liability without seeking the prior written approval of Ansvar Insurance Limited.

Please also note that if you have appointed your own solicitors before notifying Ansvar Insurance Limited of this claim, your legal costs may not be entirely recoverable under your policy.

Please send any documentation you have which may assist in our investigation. i.e. Photographs of the incident site, incident report, investigation report and witness statements, if available.

Please tick the appropriate box for which your claim applies: Personal Injury Property Damage

Policyholder details

Name of Policy Holder: Policy Number:

Registered Business Name:

Tick this box if your registered business name is the same as the policy holder's name: Australian Business Number (ABN) if applicable:

Are you registered for GST? Yes No

Is the amount claimed less than 100% of the GST applicable to the premium? Yes No Specify the percentage amount claimed? %

Your Registered Address: State: Post Code:

Contact details of persons notifying us of this claim:

Contact Name: Title/ Occupation:

Telephone (Direct Line): Telephone (Mobile): Email:

Your Broker's Contact details:

Name of Broker: Contact Person:

Brokers reference: Telephone Number:

Email Address:

Incident Details

Date of Incident

Time (specify am/pm)

 / /

Location of Incident

Date reported to you

 / /

Describe what happened

If insufficient room, use space on back of form or attach separate sheet.

Name(s) and contact details of witness(es), if any:

Do you have a public liability policy with another insurer? Yes No

If YES, Insurers name and policy number.

Policy Number:

Insurer:

Third party details

Name of third party:

Date reported to you:

 / /

Permanent Address:

Nature and extent of injuries/damage:

Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information. I have read and understood the Privacy Notice below and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons covered by this claim form. Where personal information has been provided on someone else's behalf, that person has consented to the provision of this information.

Signature of insured or person with authority to sign for or on behalf of the insured:

Signature

Date

Name

Contact Us

Liability Claims Team:
Ansvr Insurance Limited
Level 5, 1 Southbank Boulevard
Southbank Vic 3006
Ph: 1300 650 540

All correspondence:
GPO Box 1655
MELBOURNE VIC 3001
Email: liabilityclaims@ansvar.com.au

Privacy Act

Ansvr places the highest priority on providing prompt, efficient and friendly service including the protection of your privacy.

We collect your personal information (including sensitive information) for the purposes set out in our Privacy Policy including assessing and processing claims.

We generally collect personal information (including sensitive information) directly from you. In some cases, we may collect personal information from third parties e.g. medical practitioners and other health professionals.

At times we may provide your personal information to third party suppliers (agents, lawyers, other insurance companies, assessors, investigators, loss adjusters, market research and mailing houses) to perform specialised activities for us. Where the information is sensitive information (e.g. health information), we may provide this information to medical practitioners, other health professionals, other insurers and reinsurers and lawyers. We are unlikely to provide your personal information to overseas recipients.

If you do not provide the requested information, the assessment of your claim may be delayed or we may not accept the claim.

Our Privacy Policy includes further information about how we handle your personal information including how you can access and correct your information or make a privacy related complaint. For more information please visit our website: www.ansvar.com.au/privacy/ or you can contact one of our offices.

1300 650 540 www.ansvar.com.au

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