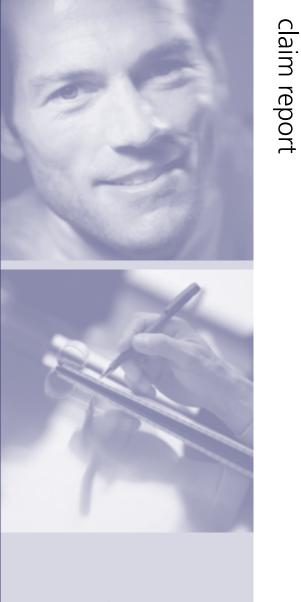
personal and public liability insurance





Insurer CGU Insurance Limited ABN 27 004 478 371 An IAG Company

personal and public

Please keep this page for your information

ABOUT YOUR CLAIM

- We will contact you as quickly as possible about your claim.
- If someone else involved in the accident contacts you about a claim, or for information, refer the person to your local CGU Insurance office.
- If you receive a writ or summons, or anything else from a legal firm, please send it to us immediately.
- We need to handle everything related to your claim.
- Please refer to your policy booklet for more information about how your claim will be handled.
- If you have any questions about your claim, please contact your local CGU Insurance office. The telephone numbers are:

Adelaide	(08)	8405 6300	Perth	(08)	9278 1333
Brisbane	(07)	3212 7878	Sydney	(02)	8224 4000
Launceston	(03)	6345 3500	Ballarat	(03)	5320 1444
Melbourne	(03)	9601 8222	Newcastle	(02)	4935 7100

Personal and Public Liability Claim Report

	Please answer all questions. This will help us process your claim quickly. If you need more space to answer any of the questions, please use a separate sheet of paper. Any attachments will form part of this claim report and the declaration will include them.
1.	Policy number Expiry date You can find the information for question 1 on your policy or renewal schedule. : : : : / /
2.	Insured (surname, company, partnership)
	Given name(s) of insured Contact person (for company or partnership claims)
3.	Are you registered for GST purposes?
	No Yes What is your ABN? : : : : : : : : : : : :
	Have you claimed or do you intend to claim an input tax credit on the GST applicable to this policy?
	No Yes Is the amount claimed or that you intend to No Yes Specify the percentage amount claimed or the GST applicable to the premium?
4.	Address Postcode
-	
5.	Private telephone no. Business telephone no. Facsimile no. () () ()
6.	Type of business (for company or partnership claims)
0.	
A	ccident details
7.	When did the accident happen? Date Time a.m.
	Date IIme a.m. / / p.m.
0	Address where the assident happened
8.	Address where the accident happened Postcode
	a) Do you own the land or buildings where the accident happened?
	Yes No State name and address of the owner
	Name Address
	Postcode
	b) Do you occupy the land or buildings where the accident happened?
	Yes No State name and address of the occupier Name Address
	Postcode

))	Who caused the injury or damage?
:)	What is their relationship to you?
d)	Do you consider you are liable?
	No Yes Why?
a)	Was the accident caused by a defect or hazard on the property where the accident happened?
a)	Was the accident caused by a defect or hazard on the property where the accident happened? No Yes How long had you been aware of it?
a) b)	
	No Yes How long had you been aware of it?
	No Yes How long had you been aware of it? Had anyone notified you of the defect or hazard before the accident?
	No Yes How long had you been aware of it? Had anyone notified you of the defect or hazard before the accident? No Yes When were you notified? Who notified you?
	No Yes How long had you been aware of it? Had anyone notified you of the defect or hazard before the accident? No Yes When were you notified? Who notified you? / /
	No Yes How long had you been aware of it? Had anyone notified you of the defect or hazard before the accident? No Yes When were you notified? Who notified you? / /
	No Yes How long had you been aware of it? Had anyone notified you of the defect or hazard before the accident? No Yes When were you notified? Who notified you? / / What details were given?
	No Yes How long had you been aware of it? Had anyone notified you of the defect or hazard before the accident? No Yes When were you notified? Who notified you? / /
	No Yes How long had you been aware of it? Had anyone notified you of the defect or hazard before the accident? No Yes When were you notified? Who notified you? / / What details were given?
	No Yes How long had you been aware of it? Had anyone notified you of the defect or hazard before the accident? No Yes When were you notified? Who notified you? / / What details were given?

No Yes	Describe it
	Do you own it?
	Do you own it? Yes No Who is the owner?

b) A motor vehicle?

	No 🗌 Yes 📄	Type of vehicle]	Reg. or identification number
		Driver's name		
		Driver's address		
				Postcode
		Owner's name (if not the insur	ed)	
		Owner's address		
				Postcode
		Private telephone no.	Business telephone no	D
		()	()	
c)	Animals?			
C)		Type of animal(s)		Do you own the animal(s)?
		, jpc ci ci i i i i i i i i i i i i i i i i		No Yes
	r	If someone else is also responsible Name	e for the animal(s), pleas	se provide name and address
		Address		
				Postcode
		ls the animal, or group of animals	, normally confined beh	nind fences? No 🔄 Yes 🔄
		Have there been similar incidents	involving the animal(s)?	? No Yes

12. Who reported the accident to you?

Name	
Address	
	Postcode
When was it reported? Time a.m. / / p.m.	
13. List any witnesses	
Witness no. 1	
Full name	Telephone no.
	()
Address	
	Postcode
Witness no. 2	
Full name	Telephone no.
	()
Address	
	Postcode

	Dia	the police attend the accident?	
	No	Yes Officer's name	Name of station
	Hav No	ve you received a claim from the injured personal of the second sec	
16.	Wh	nat is your relationship to the injured person,	or the owner of the damaged property?
17	lc +	here any other insurance which might apply t	this claim?
17.	No	Yes Provide details and attach a co	
			Pj of the contract (c)
In	njury	y details	
18.	a)	Name and address of injured person Name	
		Address	
			Postcode
	Ы	Occupation	Employer
	b)	Occupation	
	c)		- being and a second seco
		Age Male Female Private telep	bhone no. Business telephone no.
		Age Male Female Private telep	bhone no. Business telephone no. ()
19.	Wh	Age Male Female Private telep () nat were the injuries?	bhone no. Business telephone no. ()
19.	Wh		ohone no. Business telephone no. ()
19.	Wh		ohone no. Business telephone no. ()
20.			bhone no. Business telephone no. () Hospital
20.	Wa	is medical assistance necessary? Yes Doctor Ambulance	
20.	Wa No	() nat were the injuries? s medical assistance necessary? Yes Doctor Ambulance Name of Doctor/Hospital	
20.	Wa No	is medical assistance necessary? Yes Doctor Ambulance	
20. P	Wa No	() nat were the injuries? s medical assistance necessary? Yes Doctor Ambulance Name of Doctor/Hospital	() Hospital
20. P	Wa No	Image details Image details	() Hospital
20. P	Wa No No	Image details Image details	() Hospital
20. P	Wa No Nar Nar	Image details Image details	() Hospital

23. Estimated cost of repair or replacement

Declaratio	n

\$

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 consent to CGU Insurance using my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however, CGU Insurance may not be able to process my claim.

* I consent to CGU Insurance disclosing my personal information to other insurers, an insurance reference service or as required by law. I consent to CGU Insurance also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

Signature of the insured or person with authority to sign for and on behalf of a company or partnership

-	•	-	•	•	יך	Date	
						/	/

* This consent only applies when a claim is submitted in relation to a policy issued to the individual, not a company or business.

Please indicate the number of additional pages attached to this claim report



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