

PUBLIC AND PRODUCTS LIABILITY CLAIM FORM

BROKER: _____ POLICY No: _____

IMPORTANT FACTS

Your Duty of Disclosure

Before You enter into a contract of general insurance with an insurer, You have a duty, under the Insurance Contracts Act 1984 , to disclose to the insurer every matter which you know or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and if so, on what terms. You have that same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of insurance.

Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is common knowledge;
- that the insurer knows, or in the ordinary course of business as an insurer, ought to know;
- as to which compliance with your duty is waived by the insurer.

Non-Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Insurer

This policy is underwritten one hundred (100%) per cent by certain underwriters at Lloyd's of London. Lloyd's is an authorised insurer in Australia within the meaning of that term under the Insurance Act 1973.

Privacy

We are committed to protecting your privacy. We use the personal information you provide to us in connection with your claim to only for the purpose of assessing and managing the claim. We may need to provide that information to our Insurers and reinsurers (and their representatives) and those we appoint to assist us with the claim. We will not trade, rent or sell your information.

If you don't provide us with complete information, we cannot properly assess your claim. You can check the personal information we hold about you at any time.

If you provide us with personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.

For more information about our Privacy Policy, please see our web site: www.ausuw.com

POLICY HOLDER

Name of Insured: _____

Division Concerned: _____

Address: _____ Post Code: _____

Profession, Occupation, Trade or Business: _____ Phone: _____

What percentage of GST on Premium has been applied as an Input Tax Credit? _____% Your 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: _____

Witnesses (give names and addresses): _____

Name and address of person(s) injured or owner(s) 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 been made to you by a Third Party Claimant? If so, by whom and when?

Have any claims been made on you either verbally or in writing? if so, please give details and enclose any Third Party correspondence:

Name of person to contact at Insured in order to obtain further information. Please provide their telephone number and address if different from Policy holder details at start of Claim Form:

DECLARATION

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

Date: ____/____/____ Signature of Insured: _____ Position held within company: _____

NB. YOU ARE REMINDED THAT IN NO CIRCUMSTANCE SHOULD YOU ADMIT ANY LIABILITY OR MAKE ANY OFFER OR ENTER INTO ANY CORRESPONDENCE IN CONNECTION WITH ANY INCIDENT WHICH MAY RESULT IN A CLAIM UNDER YOUR POLICY.

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