

PUBLIC AND PRODUCTS LIABILITY POLICY 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.

Underwriters

This Policy is underwritten one hundred percent (100%) by QBE Insurance (Australia) Limited ABN 78 003 191 035 of 82 Pitt Street Sydney

In arranging and effecting this policy, InterPacific Underwriting Agencies Pty Limited trading as Australis Group Underwriting ABN 38 077 515 327 will be acting under authority given to it by the Insurers. It will be acting as agent of the Insurers not as Your agent

Privacy

Our privacy promise to you

We are committed to safeguarding your privacy and the confidentiality of your personal information.

We will collect personal information on or about you, for primary purposes which are relevant to your insurance policy, including any claims you may make.

We will use your personal information in a way that you would reasonably expect.

If you do not give us this information, we cannot give you insurance or deal with any claim.

We may disclose your personal information to:

- QBE Insurance (Australia) Limited, and their related companies;
- an investigator, assessor, State or Federal Health Authorities, lawyers, accountants, medical practitioners, hospitals, or other professional advisers (for the purpose of investigating or assessing your claim);
- an airline, medical practitioner, treating doctor or emergency assistance provider (to establish your medical status and fitness to travel);
- a lawyer or recovery agent (for the purpose of defending an action by a third party against you or for the purpose of recovering our costs including your excess);
- an immediate family member;
- another insurer (for the purpose of seeking recovery from them or to assist them to assess insurance risk);
- our reinsurers; and
- an Insurance reference bureau (to record any claims you make upon us).

For more information about our Privacy Policy, please visit our website – 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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