

General Liability Claim Form

Please ensure you complete this form with as much detail as possible:

1. Insured Or Company Details						
Insured name or company						
Policy number (if known)				Point of contact		
Phone number				Email		
Are you registered for GST purposes?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Do you have an ABN?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	ABN	
2. Claim Details						
Date of incident					Time	
Who reported the incident?						
Date you first became aware of the incident						
Address of incident						
Suburb				State		
Please provide full details of how loss/damage occurred						
Has the claim been reported to the police?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, please provide police report number	
Have you or any of your employees, contractors or subcontractors admitted liability in any way?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
If yes, please provide details						

3. Third Party Details

Name of person					
Address		Suburb		State	
Phone number		Email			
Third party insurance policy number (if known)					

4. Property Damage Details

Name of the owner of the property damaged				
Address				
Suburb		State		
Describe the property damage and provide quotations and/or invoices (if a vehicle is involved please include year, make, model and registration)				

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Was the property in your custody?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
If yes, for what purpose?						
Have any repairs been carried out?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Yes, provide details	
Name of repairer						
Address						
Suburb				State		
Approximate cost of repairs				Phone number		

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/we agree that, by submitting this form, the personal information I/we provide to PSC Connect Pty Ltd in this form or otherwise may be collected, held, used and disclosed in the manner set out in the PSC Privacy Policy found at <http://www.pscconnect.com.au/privacy/> including for processing this claim.

Name				
Signature			Date	