



Public & Products Liability Claim Form

IMPORTANT NOTICES

Purpose of this Form

The completion of this form is to report any incident:

- Which has the potential to result in an injury, damage and/or loss to a third party;
- Which has actually caused injury, damage or a loss to a third party; or
- Where it is alleged that you have caused an injury, damage and/or loss to a third party.

For reference purposes, **all the above types of circumstances are referred to as "loss" in this form.**

Steps After an Injury, Damage and/or Loss

1. Neutralize the cause or the threat of any further injury, damage and/or loss.
2. Ensure that the safety of all persons including third parties and your workers.
3. You must take reasonable precautions to prevent:
 - a. any further damage to third party property, and/or
 - b. the manufacture and/or sale and/or supply of defective products.
4. Comply with all statutory obligations including any public authority for the safety of persons and/or property.
5. If you have received any written communication from a third party, please do not reply. Please attach copies of such communications to this claim form.
6. Do not admit liability – you may not be liable for the loss.
7. Do not give up your right to seek recovery from another party for a loss. This policy contains a provision which states that if you do, we have the right to reject any claim from you in relation to that loss.

Insufficient Space in this Form & Associated Documentation

If there is insufficient space in this form for you to fully answer any questions or provide the requested information, please attach a page/s with the additional information.

Please attach all associated documentation (e.g. correspondence, related agreements/contracts, witness statements, reports, invoices, legal documentation, etc) to this form.

Privacy Notice

We are bound by the Privacy Act and its associated Australian Privacy Principles (APP's) when we collect and handle your personal information.

We collect personal information in order to provide our services and products. We also pass it to third parties involved in this process such as our reinsurers, agents, loss adjusters and other service providers.

You can seek access to and if necessary, correct your personal information by contacting our Privacy Officer.

When you give us personal or sensitive information about other individuals, we rely on you to have made or make them aware that you will or may provide their information to us, the purposes we use it for, the types of third parties that we disclose it to and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done either of these things, you must tell us before you provide the relevant information.

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Sterling Insurance Pty Limited

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1. THE INSURED

a) Policy Number:

b) Name/s of the Insured

c) Details of Contact Person: Name:

 Mobile Phone No.:

 Work Phone No:

 E-mail:

d) Postal Address:

e) Name of your Insurance Broker:

2. THIRD PARTY DETAILS

Please advise the full details of the third party/ies involved in the loss:

Third Party 1:

Firm Name:

Details of Contact Person: Name:

Mobile Phone No.:

Work Phone No:

E-mail:

Postal Address:

How is this party involved?

Third Party 2:

Firm Name:

Details of Contact Person: Name:

Mobile Phone No.:

Work Phone No:

E-mail:

Postal Address:

How is this party involved?

Third Party 3:

Firm Name:

Details of Contact Person: Name:

Mobile Phone No.:

Work Phone No:

E-mail:

Postal Address:

How is this party involved?

3. DETAILS OF LOSS

- a) Date of loss:
- b) Date of you became aware of the loss:
- c) Location of where the loss:

- d) Please provide full details of the loss explaining what happened and how it occurred. (If insufficient space, please detail on a separate page & attach to this form)

4. FOR INJURY LOSSES ONLY

a) Briefly explain the type of injury suffered:

b) Was treatment provided?: YES NO
If yes, please detail by who? Name:
Contact details:

c) Was transportation used? YES NO
If yes, was it by ambulance or similar para-medical service? YES NO

5. FOR DAMAGE LOSSES ONLY

a) Briefly explain the type of property damaged:

b) Briefly explain the nature and extent of damage:

c) What is the approximate cost of the damage suffered? \$
d) Has the property been repaired? YES NO

6. WITNESSES

Please advise the full details of persons who witnessed the loss, incident &/or circumstance:

Witness 1:

Name Phone/Address:
Relationship to you:

Witness 2:

Name: Phone/Address:
Relationship to you:

Witness 3:

Name: Phone/Address:
Relationship to you:

Witness 4:

Name: Phone/Address:
Relationship to you:

Witness 5:

Name: Phone/Address:
Relationship to you:

7. INSURED'S COMMENTS

If you have any comments or other information about this loss, please provide details:

8. REGULATORY &/OR OTHER AUTHORITIES

Has this loss been reported to any regulatory &/or supervising authority

(eg Police, Workcover, EPA, etc)?

YES NO

If yes, please provide the following:

Authority 1: Name:

Date reported:

Report Reference No.:

Authority 2: Name:

Date reported:

Report Reference No.:

Authority 3: Name:

Date reported:

Report Reference No.:

9. CHECKLIST

Where applicable, please tick the relevant box & ensure that all the necessary is attached:

- | | | | |
|--|-----|----|-----|
| a) Letters of demands | Yes | No | N/A |
| b) Correspondence from a third party/ies | Yes | No | N/A |
| c) Details of a third party's medical expenses | Yes | No | N/A |
| d) Quote/s for repairs | Yes | No | N/A |
| e) Witness statements | Yes | No | N/A |
| f) Copies of any hire/supply agreements &/or any other contractual arrangement | Yes | No | N/A |
| g) Any other relevant documentation | Yes | No | N/A |

If other relevant documentation, briefly describe what it is:

10. DECLARATION

I/We

- a) declare that:
 - i. I/we have read and understood the clauses detailed under the Important Notices section at the front of this form;
 - ii. the answers and information given by me/us in this form are true and correct in all respects;
 - iii. no information has been withheld;
 - iv. where answers in this form are not in my/our own handwriting, they have been checked by me/us and I/we agree they are correct;
- b) authorise the Underwriters to give to, or obtain from other insurers or an insurance or credit reference bureau, loss adjusters/assessors, and other service providers, any information relating to this insurance and this loss/claim.
- c) acknowledge that the completion of this form does not mean that indemnity for this loss has been granted.
- d) acknowledge that the Underwriters may refuse a claim or reduce their liability if any information is untrue, inaccurate, or concealed.
- e) acknowledge that I am authorized to sign this Declaration.

Insured's Signature:

Date: / /

Title/Position:

