



PHOENIX

INSURANCE BROKERS PTY LTD
ABN 40 009 419 872

20 Lyall Street
South Perth 6151

PO Box 961
South Perth 6951

PH: (08) 9367-7399

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Public Liability Insurance Claim

The issue of this form does not constitute an admission of liability on the part of the insurer.

Full Name

Address

Bus Phone Private Phone Fax No.

Occupation/Bus/Industry/Trade

Name any other interested party How interested

Address

Policy Number Due Date

Is there any other Insurance in force which would cover this in whole or part Yes No

If Yes, please advise in the space provided

Insurer's Name

Policy Details

What is your Australian Business Number (ABN)? - - -

Are you registered for GST? Yes No

To what extent are you entitled to claim an Input Tax Credit on the GST applicable to the premium? %

Details of Loss Damage Or Occurrence

Date of Loss / Damage / or Occurrence Time

When was it reported to you (if applicable)? Time

Broker/Client Ref:

Place and/or premises where it occurred

Please state full details of how loss/damage/or accident occurred

Please describe nature of damage or injury

Name and address of injured person or owner of damaged property.

Name	Address	Phone No.

Is the injured person or owner of damaged property in your employ, in the employ of any contractor or sub-contractor to you, or related to you? Yes No

If yes, please provide full details.

Has any claim been made against you? Yes No

If **YES**, state full details and attach all communication received.

Did you admit liability in any way? Yes No

If **YES**, provide full details.

Have you any other information of which you consider the company should be aware?

Responsibility/Witnesses

In your opinion was any other person(s) responsible for loss or damage or cause of the Occurrence?
YES/NO - If yes, please give details

Full Name

Address

Bus Phone

Pvt Phone

Fax

Reasons

Was there a witness or witnesses to this event?

Yes

No

If YES, please give full details

Name of Witnesses

Address

Bus Phone

Private Phone

Fax No.

Insurance History

Have you ever previously sustained loss/damage or caused damage
or injury to 3rd parties?

Yes

No

If YES, give details of such losses and amounts involved.

Was an Insurance Company involved?

Yes

No

If YES, please state name of company and year of claim

Declaration (must be completed)

1. I/We the insured do solemnly and sincerely declare that I/We have complied with the conditions and warranties (if any) of the policy and have not deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or wilful misrepresentation and that the information shown on the form is true and the I/We have not concealed any information relating to this claim.
2. Further it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the company any sum which may have been paid to me/us in respect of such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.
3. I consent to the broker and insurer 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, the broker and insurer may not be able to process my claim.
4. *I consent to the broker and insurer disclosing my personal information to other insurers, an insurance reference service, or as required by law. I consent to the broker and insurer also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

Date: _____ Signature: _____

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

How To Get Quick Action On Your Claim

1. Complete the attached form and return to our office. If an assessor is appointed, give them the forms.
2. Attach all **original** quotations or invoices obtained for replacement of or repair to the damaged or missing property. Photocopies are not accepted as a rule.
3. Attach **original** valuations and receipt of purchases whenever possible.
4. Advise the Police immediately in the event of loss by burglary, housebreaking, theft, suspected malicious damage. Also make sure the premises are secure to avoid further incidents.

Note: Police reports are very slow so if you can obtain one at the time the report is taken, then this will save valuable time or at least obtain a copy or report number.

5. Attach any letter of demand or other correspondence that you may receive from any Third Party.
6. Do not make any admission of liability for loss or damage caused by you to the Third Parties.

WHAT WE WILL DO - IF THE PAPERWORK IS CORRECT AND COMPLETE:-

- Submit the claim form to the Insurer
- If the claim has not been paid within 30 days we will contact the Insurer and then advise you accordingly
- We will then follow up the claim when necessary until settlement is reached, however, please feel free to call at any time

WHAT AN ASSESSOR WILL DO:-

- An assessor is an independent person who is appointed by the Insurer for their expertise in helping you finalise a larger or more difficult claim
- They will interview and obtain details of a loss and arrange for quotes and prepare the necessary paperwork
- The assessor is your contact point
- The assessor will write a report to the Insurer recommending a course of action
- This can take time depending on their work load and Police Reports
- The Insurer will not act until these reports are received and although not bound by the assessor recommendations, the Insurers usually accept these reports.
- If you are unhappy with any aspect of the claim, advise the assessor. If he is unable to correct the problem then contact us immediately. We will not know of any problem without being advised.
- If you are unhappy with the assessor's responses, contact us immediately.