

Public/Products Liability Report



The completion of this form is to report:

- Any accident which has caused bodily injury or property damage; or
- Any accident which has the potential to result in a personal injury or property damage claim.

If you have received any written communication, do not answer. Attach to this claim.

Policy Number _____ Policy Period ____ / ____ / ____ to ____ / ____ / ____

General Information

Name of Insured _____
Contact person _____
Telephone no. Home () _____ Work () _____ Mobile no. _____
Email _____
Address _____ State _____ Postcode _____

GST

Are you registered for GST purposes? Yes No

ABN _____

To what extent are you entitled to claim an Input Tax Credit on the GST for this policy? _____ %

Premises

Premises leased? Yes No

Have premises been altered since Incident? Yes No

If Yes, please give details _____

Incident/Accident

Date ____ / ____ / ____ Time ____ AM / PM

Date reported ____ / ____ / ____ Time ____ AM / PM

Location _____

Purpose for which location was being used _____

Who was incident reported to? _____

Employee Yes No

Describe the Incident (including the cause and source of information) _____

Products Liability (If applicable, please complete the following)

Product name _____
Model no. _____ Serial no. _____
Lot no. _____ Batch no. _____
Customer's name _____
Telephone no. () _____
Address _____ State _____ Postcode _____



Property Damaged

Nature and extent of damage _____
 Estimated cost \$ _____
 Name of owner of damaged property _____
 Address _____
 _____ State _____ Postcode _____
 Telephone no. Home () _____ Work () _____ Mobile no. _____

Personal Injury

Name of person injured _____
 Age _____ years Sex Male Female
 Occupation _____
 Address _____
 _____ State _____ Postcode _____
 Telephone no. Home () _____ Work () _____ Mobile no. _____
 Nature of injury _____
 Was treatment given at the scene of the Incident? Yes No
 If Yes, by whom (if ambulance or doctor, give details) _____
 Address _____
 _____ State _____ Postcode _____
 Was transport provided to hospital? Yes No

Witnesses

Were there any witnesses to the event Yes No
 If Yes, please complete the following _____
 Name of witness _____
 Address _____
 _____ State _____ Postcode _____
 Telephone no. Home () _____ Work () _____ Mobile no. _____
 Where was the witness? _____
 Second Witness _____
 Name of witness _____
 Address _____
 _____ State _____ Postcode _____
 Telephone no. Home () _____ Work () _____ Mobile no. _____
 Where was the witness? _____

Signature of Insured _____ Date ____ / ____ / ____