

Liberty International Underwriters A Member of the Liberty Mutual Group

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# PUBLIC & PRODUCTS LIABILITY CLAIM FORM

### 1 Important Notice

- Please read this Claim Form prior to answering the questions.
- ALL questions must be answered as fully as possible. Please use additional sheets if necessary and copies of relevant documentations should be attached.
- If you have any questions in relation to completion of the Claim Form, please contact your insurance advisor or broker.
- Please send the completed Claim Form, as soon as possible, to your insurance advisor or broker.
- Appointment of legal representation should not occur without the prior consent of Liberty International Underwriters.
- You are reminded that in no circumstances should you admit any liability or make any offer of settlement or enter into any correspondence without prior consent from LIU.

# 2 Policy Holder

Name of Insured		
Address		
Email	Telephone No	

### 3 Report of Injury and/or Damage

Particulars of occurrence likely to or has resulted in personal injury or property damage or loss claim:

Date and time	of occurrence
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Exact place of occurrence

What happened and how did it occur?

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Liberty International Underwriters is a trading name of Liberty Mutual Insurance Company ABN 61 086 083 605 incorporated in Massachusetts, USA. The liability of members is limited.

Was the accident due to	): 		
Any individuals	Property	Plant or Equipment	Motor Vehicle
Please give details			
Witness Name	Address		Relationship
Name and address of th	e police station wh	nere the incident was reported	to, if any:
Date and time of report			
	-		
Name and address of p	erson injured or ow	ners of property damaged.	
State nature of persona	injury or property	damaged or loss sustained.	
With regard to damage	l property or loss h	nas any estimate of cost becon	ne available?
If so, please give details			

Public and Products Liability Claim Form

Has a report of personal injury, property damage or loss been made to you by a third party Claimant? If so, by whom and when?

Has any demand for injury, property damage or loss been made against you? If so please give details and attach any correspondence/documentation.

## 5 Signature

I/We (print name in full)					
(position)					
I/We (print name in full)					
(position)					
hereby declare that the foregoing particulars are true and correct to the best of my/our knowledge and belief.					
Signature	Date				
Signature	Date				

#### **Privacy Notice**

We are bound by the Privacy Act and its associated National Privacy Principles 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 to whom we disclose it and how they can access it. If it is sensitive information we rely on you to have obtained their consent to these matters. If you have not done either of these things, you must tell us before you provide the relevant information. 3