

Contractors Insurance

Public/Products Liability Incident Report



TRANSPORT
INSURANCE
BROKERS



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 respond. Please attach to this claim.

Name of Insured _____
Contact Person _____
Home Phone No. () _____ Work Phone No. () _____
Mobile No. _____
Email _____
Occupation _____
Address _____
Postcode _____
Policy No. _____
Excess \$ _____
Inception Date / / _____
Expiry Date / / _____

Interested Parties

Is the property being claimed for under a Financial Agreement? Yes No
Name of Financier _____
Contract No. _____
Are you registered for GST? Yes No
ABN Number _____
To what extent are you entitled to claim an Input Tax Credit on your premiums? _____ %
Principal's Name _____
Contractor's Name _____
Your relationship to Contractor (e.g. Subcontractor)? _____
Contract Value \$ _____
Risk Situation _____
Postcode _____
Contract Commencement Date / / _____
Completion Date / / _____
Construction Period weeks _____
Maintenance Period weeks _____

Premises Leased? Yes No

Austbrokers AEI Transport Pty Ltd (ABN 74 123 670 002 AR No. 310835) is a Corporate Authorised Representative of Austbrokers AEI Pty Ltd (ABN 99 128 875 767 AFS Licence No. 321117). Austbrokers AEI Transport issues this insurance under a binding authority from the insurer, Allianz Australia Insurance Limited AFS Licence No. 234708 ABN 15 000 122 850. Registered Office: 2 Market Street Sydney NSW 2000 (Allianz). In issuing the policy AEI Transport acts as agent of the insurer and not you.

Has premises been altered since Incident?

Yes

No

If Yes, please give details: _____

Incident/Accident Details

Date of Incident ____ / ____ / ____ Time of Incident _____ PM/AM

Date Reported ____ / ____ / ____

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 _____

Phone No. _____

Address _____

Postcode _____

Property Damaged

Nature and extent of damage _____

Estimated Cost \$ _____

Name of Owner of damaged property _____

Address _____

Postcode _____

Home Phone No. () _____ Work Phone No. () _____

Mobile No. _____

Personal Injury

Name of Person Injured _____

Age _____ Years

Sex Male Female

Occupation _____

Address _____

Postcode _____

Home Phone No. () _____ Work Phone No. () _____

Mobile No. _____

Nature of Injury _____

Date Reported ____ / ____ / ____

To Whom Reported _____

Remember to also enter details of the accident into your site diary or accident report register.

Has a formal approach been made to you by or on behalf of the Third Party? Yes No

If Yes, please give details: _____

If you received any written communication, do not answer. Attach it to this form.

Was treatment given at the scene of the Incident? Yes No

If Yes, by whom (if ambulance or doctor, provide details) _____

Address _____
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 _____
Postcode _____

Home Phone No. () _____ Work Phone No. () _____

Mobile No. _____

Where was the Witness? _____

Second Witness

Name of witness _____

Address _____
Postcode _____

Home Phone No. () _____ Work Phone No. () _____

Mobile No. _____

Where was the Witness? _____

Privacy

The Privacy Act 1988 requires us to tell you that as an insurer we collect your personal and sensitive information in order to calculate your loss and entitlements, determine our liability, compile data and handle claims. When handling claims, we may have to disclose your personal information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents or other parties as required by law.

If you do not provide your personal information we may not be able to settle your claim. Where you provide us with personal information about another person you must tell them about the above matters and also tell us if you haven't got their content to providing the information.

You have the right to seek access to your personal information and to correct it at any time. Please contact us on 1300 360 529 EST 9am-5pm, Monday-Friday and advise us of the changes.

IDR Statement

Disputes are not an everyday occurrence at Allianz. However we do provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details. If you are not satisfied with the outcome of this process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

Declaration

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if it is made fraudulently and if you failed to comply with your duty of disclosure the insurer may treat the policy as if it never existed and not pay your claim. I/We acknowledge that I/We have read and understood the Privacy Act 1988 information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim, with their approval. I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information then Allianz may be unable to process my/our claim.

Signed by Insured _____ Date ____/____/____

Signed by Driver _____ Date ____/____/____

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