

Liability Claim

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A. NOTES

1. It is most important that all questions are answered. If not applicable, write "n/a".
2. The issue of this claim form is not an admission of liability by QBE.
3. If there is insufficient space or further comment on any area is considered necessary, please use additional pages.
4. Any amounts further marked as * are in the currency of the country in which the policy has been issued.
5. Markets
Please use the checklist below to indicate the operation in the QBE Pacific Islands region to which you will be submitting your claim.

Market	Business Name	Please tick
Fiji	QBE Insurance (Fiji) Limited	
Papua New Guinea	QBE Insurance (PNG) Limited	
Solomon Islands	QBE Insurance (International) Limited	
Vanuatu	QBE Insurance (Vanuatu) Limited	

Note: For any other markets please contact the local QBE office.

6. The content and use of this form or any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by:
 - a) the laws of the country at the QBE office which issues the policy/ies upon which this present claim is made; unless
 - b) the policy/ies refer to the laws of a different country applying, in which case, the laws of that country,
 and in relation to those matters, the parties submit to the jurisdiction of the courts of that country.

For those policies governed by the laws of the Republic of Vanuatu, the validity, interpretation and effect and the rights and obligations of the parties to such policies shall be governed exclusively by English Law as applicable within Vanuatu immediately before 30 July 1980 and shall be justiciable before the Supreme Court of Vanuatu.

B. INSURED DETAILS

1. Name of insured:
2. Address:
..... Postcode:
3. Private tel no: () Business tel no: ()
Mobile tel no: Fax no: ()
Email:
4. Occupation:

C. THIRD PARTY DETAILS

1. Name:
2. Address:
.....

3. Private tel no: ()..... Business tel no: ().....
 Mobile tel no: Fax no: ()
4. Age:

D. INCIDENT DETAILS

1. Date of incident: ___/___/___ Time: am/pm
 2. Date reported to you: ___/___/___ Time: am/pm
 3. Location:
 4. Describe how the accident/incident occurred

 5. If you have admitted responsibility in any way please give details:

E. THE CAUSE

Was the accident due to: please tick (✓)

- The actions of any individual/s
- Property
- Plant or equipment
- A motor vehicle
- An animal
- Others, please specify

Please complete full details of appropriate section below

1. Actions of individual/s

Please provide their name, address and relationship to you (ie. claimant, employee, member of your family, sub-contractor, etc.)

Name	Address	Relationship

2. The Property

a) Do you own the property? YES NO

If "NO", state name and address of owner:

b) Do you occupy the property? YES NO

If "NO", state name of tenants and the type of tenancy:

c) Had any notice been given of any defect or hazard by your agent or tenants YES NO

If "YES", date notified: ___/___/___

d) By whom were you notified:

e) What caused the accident (eg. defect in the property or spillage of some substance, etc.)?

3. Plant or equipment

a) Describe plant or equipment and its uses:

4. Motor vehicle

a) Type of vehicle: Registration no.

b) Driver's name:

c) Address:

d) Owner's name:

e) Address:

5. Animal

a) Type of animal:

b) How long have you owned the animal?

c) Is the animal normally confined behind fences? YES NO

d) Has the animal been involved in any similar incidents? YES NO

F. INJURY DETAILS

1. Was treatment given at the scene of the accident? YES NO

If "YES", by whom?

Address:

2. How severe was the injury in your opinion: Trivial Minor Major Serious

3. Was transport provided? YES NO

4. Was an ambulance used? YES NO



G. WITNESSES AND THEIR RELATIONSHIP TO YOU

Name	Address	Relationship

H. POLICE DETAILS

1. Did a police officer attend the accident/incident? YES NO

If "YES", please give details

Name:

Police station:

2. Did the police lay any charges or will action be taken? YES NO

If "YES", please give details

.....

I. PROPERTY DAMAGE

1. Description of property damaged:

.....

2. Nature and extent of damage:

.....

3. Has any demand for this damage been made against you? YES NO
 (please attach any demands)

J. DECLARATION

I/We declare that:

1. The information and answers given above are correct to the best of my/our knowledge and belief.
2. I/We understand the claim may be refused or reduced if information is withheld.
3. I/We authorise QBE to disclose information contained herein to QBE's advisors, reinsurers and to other insurers. I/We authorise QBE to obtain from any other party information that is, in QBE's view relevant to this claim.

Signature of insured:

Date: ___/___/___

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PNG

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Solomon Islands

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For literature in use in the French Territories above,
please contact the local QBE office in each of these countries.



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