

# General Liability Claim form

## Important notice

You must answer all questions honestly and fully. The issue of this claim form is not an admission of liability by QBE Insurance.

### How to complete this form

- To help us process your claim quickly, you must answer all questions fully. If there is insufficient space, please use additional pages. If a question is not relevant to your situation, please write 'N/A'.
- If you are completing this form by hand, please ensure you write clearly.
- If you are completing this form electronically, please open it using the latest version of Adobe Reader. Use your mouse/trackpad to take the cursor to the next editable field. Boxes can be ticked either by using your mouse/trackpad or by hitting 'enter'. Upon completion, please print out this form and sign the declaration.
- The signed form should then be posted, or emailed, to your broker.

Broker

Company

Individual

## A Insured's details

1. Insured's name Registered

Trading as

2. Policy number

3. Address

4. Phone

Work

Mobile

5. Email address

## B Third-party details

1. Name

2. Address

3. Phone

Work

Mobile

4. Occupation/business



## C Accident/incident details

1. Date of accident/incident Date  time  am  pm

2. Date reported to you Date  time  am  pm

3. Exact location of accident/incident

4. Please describe the accident or incident in as much detail as possible.

Do not give your opinion on fault or blame.

5. Have you or any of your employees, contractors or subcontractors admitted responsibility in any way? Yes  No

if 'Yes', please provide details.

## D Claim and notification

1. What is being claimed?

Describe the property damage and/or injuries.

2. Is this claim in respect of a product you manufacture, construct, erect, install, repair, service, treat, sell, supply or distribute? Yes  No

If 'Yes', please attach any conditions of sale that are supplied with the product, and tick to indicate enclosure. (Remember that this could include a copy of your standard invoice.)

Enclosed

3. How were you notified?  In person  By telephone  By letter  Other

4. Who notified you?

Their address

5. To whom was the incident reported?

Name

Address

Position/title  Phone

## E Witnesses

1. **Name**

Address

Relationship  
to insured

Phone

2. **Name**

Address

Relationship  
to insured

Phone

3. **Name**

Address

Relationship  
to insured

Phone

4. **Name**

Address

Relationship  
to insured

Phone

5. **Name**

Address

Relationship  
to insured

Phone

## F At the scene

1. Did a Police Officer attend the accident/incident?

Yes

No

If 'Yes', Officer's name

Stationed at

2. Did the Police lay any charges or suggest action that may be taken?

Yes

No

## G Other insurance

1. Do you or any contractor or subcontractor hold any other policy which could cover this claim?

Yes

No

If 'Yes', please provide details of which party holds the policy, the name of the insurer, policy number and type of insurance.

Party holding the policy

Insurer

Policy number

Type of  
insurance

## Declaration

I/We declare that:

- (a) The information and answers given above are correct to the best of my/our knowledge and belief. I/We have not withheld any information likely to affect QBE's consideration of the claim.
- (b) I/We understand that QBE requires this information (which will be retained by QBE) to evaluate the claim. I/We understand that the Privacy Act 1993 entitles me/us to have access to, and request the correction of, this information.
- (c) QBE is authorised to disclose information received from me/us to its advisers, 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.

Signed by applicant

Date

dd / mm / yyyy

Printed name

Phone

Position

Mobile

Email address

**PRINT**