

General Liability Claim Form

Please ensure you complete this form with as much detail as possible:

1. Insured Or Company Details					
Insured name or company					
Policy number (if known)		Point of contact			
Phone number		Email			
Are you registered for GST purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Do you have an ABN?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	ABN		
2. Claim Details					
Date of incident				Time	
Who reported the incident?					
Date you first became aware of the incident					
Address of incident					
Suburb		State			
Please provide full details of how loss/damage occurred					
Has the claim been reported to the police?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide police report number		
Have you or any of your employees, contractors or subcontractors admitted liability in any way?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
If yes, please provide details					

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3. Third Party Details

Name of person			
Address		Suburb	State
Phone number		Email	
Third party insurance policy number (if known)			

4. Property Damage Details

Name of the owner of the property damaged			
Address			
Suburb		State	

Describe the property damage and provide quotations and/or invoices (if a vehicle is involved please include year, make, model and registration)

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Was the property in your custody?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, for what purpose?			
Have any repairs been carried out?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Yes, provide details
Name of repairer			
Address			
Suburb		State	
Approximate cost of repairs		Phone number	

Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information. I/we agree that, by submitting this form, the personal information I/we provide to PSC Insurance Brokers in this form or otherwise may be collected, held, used and disclosed in the manner set out in the PSC Privacy Policy found at <https://www.pscinsurance.com.au/privacy-statement/>, including for processing this claim..

Name			
Signature		Date	