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A Specialist Underwriting Agency

Public & Product Liability Claim Form

Issuing of this form is not an admission of liability

NOTE: This form is to be completed by the Insured only, not the Third Party

Click on fields to be completed, then print & sign or print and complete all sections in.

1. Policy Details:

Policy Number.

Renewal Date:

Expiry Date (dd/mm/yyyy)

Sum Insured:

\$

2. Client Details:

Name of Insured:

Address:

Suburb:

State:

Postcode:

Best Contact Ph number

Other Ph number

Email:

To ensure you do not incur any unnecessary GST liabilities on this claim please advise your:

(a) ABN, if applicable

(b) Entitlement to an Input Tax Credit in respect of:

(i) Insurance premium % and (ii) the property which is the subject of this claim %

3. Details of Accident:

Where did the accident happen?

Date of accident (dd/mm/yyyy)

Time

am

pm

State clearly how the accident occurred, use extra paper if necessary;

Have you received indication of any demand to be made for this incident or accident? Yes No
If **YES**, Please provide details include all documentation.

Was the accident reported to Police or WorkCover authorities? Yes No
If **YES**, Please provide details include all documentation.

4. Witnesses:

Name:

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Address:

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Suburb:

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State:

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Postcode:

--

Best Contact Ph number

--

Other Ph number

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Email:

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5. Damage caused to Property:

Name:

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Address:

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Description of damaged property:

--

Nature of damage:

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Estimate cost

\$	
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6. Injury to persons:

Name:

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Age:

--

Nature of injury:

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Are you aware of any other insurance covering the damage or injury Yes No
Details:

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7. Privacy

Your Privacy is important to Us. You need to read the Privacy Statement below which explains, amongst other things, how We collect, handle, store and disclose Your personal and sensitive information in order for Us to provide and inform You about Our insurance and insurance related Services including Your claim.

To do this We may disclose Your personal information to Our service providers and others in accordance with the Privacy Statement below.

8. Declaration

- I/ We acknowledge All Parks Insurance Pty. Ltd. and/or certain underwriters at Lloyds may give to, or obtain from, other insurers and/or Insurance/Financial Bureau, state Licensing, Parts or Service Providers, personal information in relation to this claim or my insurance in general.
- I/We hereby declare that the information and answers given above are true in every detail and no information has been withheld or misrepresented.
- I/We undertake to render every assistance in My/Our power in dealing with this matter.

Signature of Insured: **Date:**

Position held within Company:

PRIVACY STATEMENT

We collect your personal information so we can assess your insurance claim. If you fail to provide us with this information, we may be unable to assess your claim.

We may disclose your personal information to a range of other entities and persons, including to overseas recipients, as set out in our Privacy Policy.

Refer to our Privacy Policy for information about accessing and correcting personal information, and about complaints handling. The Privacy Policy is available at www.allparks.com.au .