

Public/Products Liability Incident Report

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 answer. Attach to this claim.

Claim Number _____

General Information

Name of insured _____

Contact person _____

Telephone no. Home () _____ Work () _____ Mobile no. _____

Email _____

Postal address _____

State _____ Postcode _____

Broker/Agent name _____

Telephone no. () _____

Policy no. _____

Excess \$ _____

Inception Date ____ / ____ / ____ Expiry date ____ / ____ / ____

GST

Are you registered for GST purposes? Yes No

ABN _____

To what extent are you entitled to claim an Input Tax Credit on the GST for this policy? _____ %

Premises

Premises leased? Yes No

Have premises been altered since Incident? Yes No

If Yes, please give details _____

Incident/Accident

Date ____ / ____ / ____ Time ____ AM / PM

Date reported ____ / ____ / ____ Time ____ AM / PM

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 _____
Telephone no. () _____
Address _____
State _____ Postcode _____

Property Damaged

Nature and extent of damage _____
Estimated cost \$ _____
Name of owner of damaged property _____
Address _____
State _____ Postcode _____
Telephone no. Home () _____ Work () _____ Mobile no. _____

Personal Injury

Name of person injured _____
Age _____ years Sex Male Female
Occupation _____
Address _____
State _____ Postcode _____
Telephone no. Home () _____ Work () _____ Mobile no. _____
Nature of injury _____
Was treatment given at the scene of the Incident? Yes No
If Yes, by whom (if ambulance or doctor, give details) _____
Address _____
State _____ 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 _____
State _____ Postcode _____
Telephone no. Home () _____ Work () _____ Mobile no. _____
Where was the witness? _____

Second Witness

Name of witness _____
Address _____
State _____ Postcode _____
Telephone no. Home () _____ Work () _____ Mobile no. _____
Where was the witness? _____

Privacy Notice

The personal and sensitive information collected in this form and other information you or third parties provide in connection with this claim will be used to process this claim, compile and analyse data, and resolve claim disputes. If you do not provide this information to us we may not be able to process this claim.

We may have to disclose your personal and other information to third parties who assist us in assessing and processing this claim, including other insurers, health service providers, investigators, our specialist advisors, our service providers or as required by law.

You have the right to seek access to your personal information and to correct it at any time. For information about how you may access and request correction of personal information we hold about you, or complain about a breach of the Australian Privacy Principles, please see our privacy policy available at www.allianz.com.au or contact us on 1300 360 529 EST 9am-5pm, Monday to Friday.

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 information is untrue, inaccurate or concealed.

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 will be unable to process my/our claim.

Signature of Insured _____ Date ____ / ____ / ____