



National Transport Insurance
A.B.N. 20 507 956 234

National Transport Insurance is a Joint Venture of:
CGU Insurance Limited
Vero Insurance Limited
Each Insurer is only responsible for its half share.

ABN 27 004 478 371
ABN 48 005 297 807

CLIENT No.:

POLICY No.:

Intermediary:

TOWNSVILLE: - SUITE 1, 95 DENHAM STREET, TOWNSVILLE, 4810, P.O. BOX 2183, TOWNSVILLE, QLD. 4810. TELEPHONE: (07) 4721 2922. FAX: (07) 4771 6342
BRISBANE: - LEVEL 1, SOUTHGATE BUILDING, 3350 PACIFIC HIGHWAY, SPRINGWOOD, P.O. BOX 435, SPRINGWOOD, QLD. 4127. TELEPHONE: (07) 3287 0614. FAX: (07) 3290 2788
NEWCASTLE: - SUITE 19, LEVEL 2, EASTPOINT COMMERCIAL CENTRE, 50 GLEBE RD, THE JUNCTION, NSW 2291 P.O. BOX 147, THE JUNCTION, NSW 2291. TELEPHONE: (02) 4965 4700. FAX: (02) 4965 4699
SYDNEY: - LEVEL 3, MONITOR MONEY BUILDING, 815 PACIFIC HIGHWAY, CHATSWOOD NSW 2067, P.O. BOX 5518, CHATSWOOD WEST, NSW 1515. TELEPHONE: (02) 9419 3800. FAX: (02) 9419 6165
MELBOURNE: - LEVEL 7, 11 QUEENS ROAD, MELBOURNE, VIC. 3000, P.O. BOX 7279, MELBOURNE, VIC 3004. TELEPHONE: (03) 9867 5688. FAX: (03) 9867 3802
ADELAIDE: - 2ND FLOOR, 196 GREENHILL ROAD, EASTWOOD, S.A. 5063, P.O. BOX 415, FULLARTON, S.A. 5063. TELEPHONE: (08) 8271 1166. FAX: (08) 8271 1200
PERTH: - LEVEL 4, 50 GEORGES TERRACE, PERTH W.A., 6000, P.O. BOX Z5143 ST GEORGES TERRACE, PERTH, W.A. 6831. TELEPHONE: (08) 9421 1190. FAX: (08) 9421 1853

PUBLIC LIABILITY CLAIM FORM

The issue of this form is not an admission of liability (Causing Damage to Property or Injury to a member of the public)

PRIVACY STATEMENT

The Privacy Act 1998 (as amended) now applies and requires us to inform You that:

Purpose of collection

We collect personal information (this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) for the purposes of providing insurance services to you. This includes evaluating your application, evaluating any request for a change to any insurance provided; providing, administering and managing the insurance services following acceptance of an application; investigating and, if covered, managing claims made in relation to any insurance you have with us.

The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose. However for sensitive information, the secondary purpose must be directly related to the purposes listed above.

Disclosure

We may disclose your personal information, when necessary and in connection with the purposes listed above, to: your insurance broker or our agent, Government bodies, loss assessors, claim investigators, reinsurers, other insurance companies, mailing houses, claims reference providers, other service providers, hospitals, medical and health professionals, legal and other professional advisers.

Consequences if information is not provided

If you do not provide us with the information we need we will be unable to consider your application for insurance cover, administer your policy or manage any claim under your policy.

Access

You can request access to the personal information by contacting us at our address shown on this form.

Policy Number: _____ Expiry Date: _____

THE INSURED (To be completed by the Insured - NOT by the Injured party)

Name(s) of Insured in full: _____

Address: _____

Postcode: _____

Phone No.: _____ Mobile: _____

Occupation or Trade: _____

Date and Time of Incident: ____/____/____ Time _____ AM / PM

Situation or Location where Incident occurred: _____

Was someone Injured? YES / NO If YES, state name and address of injured person(s): _____

Nature and extent of Injury: _____

Was any property damaged? YES / NO If YES, state name, address & phone no. of owner(s): _____

Nature and extent of damage: _____

Amount being claimed: \$ _____ (please attach relevant documents if available).

Is the person making the claim against you:

- (a) an employee of the insured? YES / NO
- (b) an employee of a subcontractor? YES / NO
- (c) a member of the insured's family? YES / NO
- (d) ordinarily resident in the insured's home? YES / NO

Have you been notified of a claim against you?

- (a) verbally? YES / NO (if YES, by whom)
- (b) In writing? YES / NO (If YES, please attach correspondence)

State fully and clearly how the incident happened: _____

If someone was injured:

What type of safety clothing were they wearing? (e.g. gloves, safety glasses, type of shoes, etc.) _____

Did anything or anyone contribute to the incident? _____

If the Injury was caused by the use of a motor vehicle:

Was the motor vehicle registered? YES / NO Registration No.: _____

Owner Details: _____

If the motor vehicle was unregistered, was it insured? YES / NO

Name of Insurer: _____ Policy No.: _____

What was the motor vehicle being used for at the time of the event?: _____

Did the incident arise from a product manufactured/supplied by the Insured? YES / NO

If YES: When was the product manufactured/supplied? _____

Was the product manufactured/supplied as part of a written contract? YES / NO (If YES please attach details)

Did someone else manufacture/supply some or all of the product? YES / NO (If YES please attach details)

Details of your employee in charge at the time of the incident: (Mr/Mrs/Ms) _____

Address: _____

Phone: _____ Mobile: _____

Give Names, addresses and phone numbers of all witnesses:

Witness 1. _____

Witness 2. _____

Witness 3. _____

DECLARATION

I/We declare that all particulars stated above and statements made in support hereof are true and correct and that no information relevant to this has, to my knowledge been withheld and that no other person(s), to my knowledge have an interest in the said property.

Signature(s) of employee: _____ Date: ____/____/____

Signature(s) of insured: _____ Date: ____/____/____