



# Care Liability

*Care Providers Public and Products Liability  
Claim Form*

VBREL0121

## Important Notices

**PEN UNDERWRITING PTY LTD**  
ABN 89 113 929 516 AFSL 290518

Please send your completed Claim Form to

Pen Underwriting

Care Liability Claims

GPO Box 541

Brisbane QLD 4001

[claims.au@penunderwriting.com](mailto:claims.au@penunderwriting.com)

### PRIVACY

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# Instructions

Please download and save this PDF to your desktop and open via Adobe Acrobat to fill out digitally. Filling the form out in your browser will not save your answers.

Please read this Claim Form fully prior to answering the questions.

- Refer to the Policy Wording for details of coverage and conditions applicable to claims.
- If there is insufficient space in this Form, provide further details on your letterhead.
- Attach all relevant documentation.

1. **Policy Number:** .....

## 2. Details of Insured

- (a) Name(s) of Insured: .....
- (b) Address: .....
- (c) Occupation/Profession/Trade or Business: .....
- (d) Telephone Number: .....

## 3. Report of Injury and/or Damage

Please provide particulars of the Occurrence likely to result in a Personal Injury and/or Property Loss or Damage claim:

- (a) Date of Occurrence: ..... Time of Occurrence: .....
- (b) Exact place of Occurrence: .....
- (c) What happened and how did it occur? .....

(d) Witnesses:

*Name*

*Address*

.....	.....
.....	.....
.....	.....
.....	.....

(e) Name and address of persons injured or owners of property lost or damaged:

*Name*

*Address*

.....	.....
.....	.....
.....	.....
.....	.....

(f) State the nature of the personal injury or loss or damage sustained: .....

.....

.....

- (g) With regard to lost or damaged property, is an estimate of cost available? ☐ Yes ☐ No  
 If **Yes**, what is it: .....

#### 4. Claims

- (a) Has a report of personal injury and/or property damage been made to you by a Third Party Claimant? ☐ Yes ☐ No  
 If **Yes**, please provide details including whom and when: .....  
 .....
- (b) Have any claims been made on you either verbally or in writing? ☐ Yes ☐ No  
 If **Yes**, please provide details and enclose any Third Party correspondence: .....  
 .....
- (c) If this claim is in respect of a faulty or defective product, please advise whether you have ever previously had any claims made against you in respect of this particular product? ☐ Yes ☐ No
- (d) If **Yes**, please provide details: .....  
 .....

**DECLARATION**

I declare that:

- I have read and understood the Important Notices in this Form.
- The answers and information provided are true and correct.

Signature:.....

Date: .....

Full Name:.....

Title: .....