



# Hospitality

## *Liability Claim Form*

vL0621

## Important Notices

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

Please send your completed Claim Form to

Pen Underwriting

Hospitality 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.

- Please answer all questions in full. Where appropriate, tick the 'Yes' or 'No' box that best indicates your reply.
- If there is insufficient space provided, please provide further information on your letterhead.
- All attached documents form part of this Proposal.

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

2. **Insured Details**

Name(s) of Insured: .....

Address: .....

Occupation/Business: .....

Telephone Number: .....

3. **Report of Injury and or Damage – Provide details of the Occurrence likely to result in Injury and or Damage claim:**

|   |             |                      |  |
|---|-------------|----------------------|--|
| <b>Date of Loss:</b>  | ___/___/___ | <b>Time of Loss:</b> | ___:___ AM / PM  |
| Nature of Occurrence: <input type="checkbox"/> Damage <input type="checkbox"/> Injury <input type="checkbox"/> Other: ..... |             |                      |  |
| Please provide location of occurrence.  |             |                      |  |
| Street address: .....   |             |                      |  |
| .....   |             |                      |  |
| City/ Suburb: .....   |             | State: .....         | Postcode: .....  |
| What happened and how did it occur?   |             |                      |  |
| .....   |             |                      |  |
| .....   |             |                      |  |
| State the nature of injury or damage sustained:   |             |                      |  |
| .....   |             |                      |  |
| .....   |             |                      |  |
| Were there any witnesses?   |             |                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, please provide details  |             |                      |  |
| <i>Name</i>   |             | <i>Address</i>       |  |
| .....   |             | .....                |  |

|   |  |
|---|--|
| <p>.....</p> <p>.....</p> <p>.....</p>  | <p>.....</p> <p>.....</p> <p>.....</p> |
| <p>With regard to lost or damaged property, has an estimate of cost become available? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If <b>Yes</b>, what is it: \$ .....</p>  |  |
| <p>Has a report of injury or damage been made to you by a Third Party Claimant? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If <b>Yes</b>, please provide details including who and when:</p> <p>.....</p> <p>.....</p> <p>.....</p>   |  |
| <p>Have any claims been made on you either verbally or in writing? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If <b>Yes</b>, please provide details and attach any Third Party Correspondence:</p> <p>.....</p> <p>.....</p> <p>.....</p>   |  |
| <p>If this claim is in respect of a faulty or defective product, have you ever previously had any claims made against you for this particular product? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If <b>Yes</b>, please provide details:</p> <p>.....</p> <p>.....</p> <p>.....</p> |  |

**DECLARATION**

I/We 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: .....