



General Liability

Public and Products Liability Claim Form

VLBRE0121

Important Notices

PEN UNDERWRITING PTY LTD
ABN 89 113 929 516 AFSL 290518

Please send your completed Claim Form to

Pen Underwriting

General Liability Claims

GPO Box 541

Brisbane QLD 4001

claims.au@penunderwriting.com

PRIVACY

Pen Underwriting and the Insurer(s) handle your personal information with care and in accordance with the Privacy Act 1988 and the Australian Privacy Principles. We collect personal information about you to provide you with insurance and insurance related services. We may disclose your personal information to third parties for the purposes described in our Privacy Policy, including related entities, insurers, reinsurers, agents and service providers, some of whom may be located in the United States of America, United Kingdom Singapore, Germany, Sweden and India. By asking us to provide you with insurance and insurance related services, you consent to the collection, use and disclosure (including overseas disclosure) of your personal information for the purposes described in our Privacy Policy. Where you provide personal information about others, you represent to us that you have made them aware of that disclosure and of our Privacy Policy and that you have obtained their consent. If you do not consent to provide us with the personal information that we request, or withdraw your consent to the use and disclosure of your personal information at any stage, we may not be able to offer you the products or provide the services that you seek. For information about how to access and or correct the personal information we hold about you or if you have any concerns or complaints, ask us for a copy of our Privacy Policy or visit

www.penunderwriting.com.au

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. **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:**

Date of Loss:	___/___/___	Time of Loss:	___:___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>With regard to lost or damaged property, has an estimate of cost become available?</p> <p>If Yes, what is it: \$.....</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Has a report of injury or damage been made to you by a Third Party Claimant?</p> <p>If Yes, please provide details including who and when:</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have any claims been made on you either verbally or in writing?</p> <p>If Yes, please provide details and attach any Third Party Correspondence:</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</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?</p> <p>If Yes, please provide details:</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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: