



General Liability

Public and Products Liability Incident Report

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 handles 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 Incident Report 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. Particulars of Insured

Location:

Telephone Number:

Date of Incident:

Time of Incident:

Date Incident reported:

Reported to:

Form completed by:

3. Details of Injured Party

Name of injured person or owner of damaged property:

Address:

.....

Telephone:

Age:

4. Details of Incident

What was reported?

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What was the extent of the injuries or damage that you observed?

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Were there any contributing factors (e.g. Shoe type, parcels, existing disabilities) ☐ Yes ☐ No

If Yes, please provide details:

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What was the cause of the incident as determined by you during your enquiries?

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What other information did you find out during your enquiries?

.....

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5. Floor

What is the floor surface?:

Was the floor wet or dry?.....

When was the floor was last cleaned?

6. Witnesses

List the contact details for any witnesses:

<i>Name</i>	<i>Address</i>	<i>Phone</i>
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.....
.....
.....

7. Has any notice of claim been indicated either verbally or in writing? ☐ Yes ☐ No

If **Yes**, please provide details:

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Please provide any additional information:

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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: