

General Liability Claim Form



IMPORTANT NOTICES

Please send your completed Claim Form to:

General Liability Claims
GPO Box 4431
Sydney NSW 2001

Email: GLclaims@penunderwriting.com

Privacy

Pen Underwriting and the Insurer 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 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

Complaints Handling

Any enquiry or complaint relating to this insurance should be referred to Pen Underwriting in the first instance. If you are dissatisfied with a decision Pen Underwriting makes, our service, the service of others we appoint to discuss insurance matters with you, or a claim settlement, we have an internal dispute resolution process to assist you.

If Pen Underwriting are unable to resolve the matter or you are not satisfied with the way a complaint has been dealt with, you should write to:

Lloyd's Australia Limited
Level 9, 1 O'Connell St
Sydney NSW 2000
Telephone: (02) 8298 0783
Facsimile: (02) 8298 0788
Email: ldraustralia@lloyds.com

If your dispute remains unresolved you may be referred to the Financial Ombudsman Service Limited under the terms of the General Insurance Code of Practice. For other disputes you will be referred to other proceedings for resolution. Details are available from Lloyd's Underwriters' General Representative in Australia at the address above. For further information, ask for a copy of our Complaints and Disputes Resolution Policy or visit www.penunderwriting.com.au

Pen Underwriting Pty Ltd ABN 89 113 929 516 AFSL 290518
www.penunderwriting.com.au

Sydney
Brisbane
Melbourne

Suite 1105, Level 11, 99 York Street, Sydney NSW 2000
Level 9, 60 Edward Street, Brisbane QLD 4000
Level 3, 333 Collins Street, Melbourne VIC 3000

02 9323 5000
07 3056 1400
03 9810 0600

General Liability Claim Form



INSTRUCTIONS

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

- All questions must be answered in full. Any questions left unanswered or incomplete may delay the processing of your claim. If there is insufficient space, please provide further details on your letterhead.
- Please attach all supporting documentation.
- All attachments form part of this Claim Form and are subject to the Declaration.
- The issue and acceptance of this Claim Form does not constitute an admission of liability by Underwriters or a waiver of their rights.

Policy Number

1. Insured Details

Name(s) of Insured:

Address:

.....

Occupation/Business:

Telephone Number:

2. 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:			
.....			
.....			

**General Liability
Claim Form**



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

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Declaration

I/We declare that:

- I have read and understood the Important Notices accompanying this Claim Form.
- The answers and information given in this Claim Form are true and correct in all respects.
- I/We have read the Privacy Statement on this Proposal and consent to the use, disclosure and obtaining of personal information about the insured for the purposes shown in the Privacy Statement.
- Where I/We have provided information about another individual, that individual has been made aware of that fact and of the Pen Underwriting Privacy Statement.

Signature:

Date:

Full Name:

Title: