

Public / Products Liability Report

INSURED DETAILS

Full Name of Insured (inc. company &/or trading names)

Postal Address

State

Postcode

Contact Name

Email Address

Business Phone Number

Mobile Phone Number

Fax Number

POLICY DETAILS

Policy Number

Expiry Date

GST AND INSURANCE CLAIMS SUPPLEMENTARY INFORMATION.

1. Are you a Registered Business: Yes No If "Yes" please list your ABN Number:

2. Have you claimed an input tax credit on the GST applicable to this policy? (if you are registered and have an ABN No.) Yes No

3. Is the amount claimed less than 100% of the GST applicable to the premium? Yes No

- Please specify the percentage amount claimed %

CONTRACT / PROJECT / JOB DETAILS

Job Site Address

State

Postcode

Name of Owner

Description of Contract: New Construction Renovation Maintenance Other:

Contract Price

 \$

Start Date

Finish Date

EVENTS DETAILS

Date of the Event

Time

Address where event happened

State

Postcode

Type of claim (please tick): Injury Property damage - Other

OFFICE DETAILS

VIC

GPO Box 4897 V V, Melbourne VIC 3001
Ph: 1300 554 227 Fax: 03 9654 3277

NSW

PO Box 883, North Ryde BC 1670
Ph: 1300 200 201 Fax: 1300 694 663

SA

PO Box 550, Hindmarsh SA 5007
Ph: 1300 600 601 Fax: 08 8340 7599

TAS

GPO Box 182, Hobart TAS 7001
Ph: 03 6234 9770 Fax: 03 6234 9735

ACT

GPO Box 2188, Canberra ACT 2601
Ph: 02 6230 4985 Fax: 02 6230 0541

WA

PO Box 1494, Osborne Park DC, WA 6916
Ph: 1300 800 801 Fax: 08 9443 8166

QLD

PO Box 3061, Sth Brisbane QLD 4101
Ph: 07 3255 3600 Fax: 07 3255 3144

NT

PO Box 400, Parap NT 0820
Ph: 08 8981 9400 Fax: 08 8981 1706

Website: www.hiainsurance.com.au

EVENTS DETAILS

Describe how the event occurred

Please give details for the injured party or the owner of the damaged property:

Name

Contact Phone Number

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Address

State

Postcode

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Give details of the injury or nature and extent of damage to property

Please provide details of any witnesses to the event:

NAME OF WITNESS	ADDRESS OF WITNESS	PHONE NUMBER

Please provide details of any other parties that may have contributed to the event:

NAME	ADDRESS	PHONE NUMBER

Give your reasons for their involvement

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Was the other party? (please tick): Your employee Family member Subcontractor/Subcontractors's Employee

If a subcontractor is responsible please provide the following information:

Occupation/Trade

Name of the Subcontractors Public Liability Insurer

Policy Number

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NOTICE OF CLAIM

Has notification been received in regard to the event: Verbally In writing (if in writing attach all copies of correspondence)

If Verbally - From whom, and to whom was the notification given?

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PRIVACY STATEMENT

HIA Insurance Services Pty Ltd ('HIAIS') is committed to protecting your personal information in accordance with the Australian Privacy Principles under the Privacy Act 1988 (Cth). We collect, use and disclose personal information to offer promote, provide, manage and administer the many financial services and products we and our group of companies are involved in, as set out in the [HIAIS Privacy Notice](#).

Unless we hear from you otherwise, through the means set out in the [HIAIS Privacy Notice](#), we will assume that you have read the [HIAIS Privacy Notice](#) and you have no objection to us handing your personal information in the manner set out in this notice (which includes contacting you to promote our products and services we think may be of interest to you).

A copy of the [HIAIS Privacy Notice](#) can be located on our website www.hiainsurance.com.au

DECLARATION

I/We, the undersigned claimant(s) hereby declare that the foregoing statements and particulars of the claim are true and correct and that I/we have not withheld any information relevant to this claim.

Declared by (Name)

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Position

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For and On Behalf of

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Signature

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Date

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