

> Section 4 EVENT DETAILS Continued..

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

Describe how the event occurred:

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

Name:

Address: State: Postcode:

Email Address: Business Phone: Home Phone:

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
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

NAME	ADDRESS	PHONE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Give your reasons for their involvement:

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:

> Section 7 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?

> Section 8 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.

Full Name(s) of Claimant(s): (Please use block letters)

Signature:

Date:

Signature:

Date: