



Public / Products Liability

Insured Name

Contact Name

Email Address

Phone Number

Policy Number

ABN Number

Have you claimed or are you entitled to claim an Input Tax Credit (ITC) on the GST paid on this policy?

Yes No

Please specify the percentage amount claimed

 %

Details of the Event

Date of Loss

Time

Type of Claim

Property Damage

Personal Injury

Other



Contract Site Address

Street Number

Street Name

Suburb

State

Postcode

Name of Owner

Description of the construction being undertaken on this site

Contract Price

\$

Project Start Date

Estimated/Actual Completion Date

Stage of the Project at the time of the Loss/Damage – Select one of the following

- Slab Frame Lock-up Fit-out Completed (pre-handover)
 Other

Location where the event occurred (if different to the above)

Street Number

Street Name

Suburb

State

Postcode

Describe in detail how the incident occurred

Public / Products Liability Claim Form

HIA Insurance Services Pty Ltd (ABN 84 076 460 967) (HIAIS).

HIAIS is an authorised representative (no.275925) of Aon Risk Services Australia Limited (ABN 17 000 434 720 AFSL 241141) (Aon). HIA0109-AU-2403-12





Provide a detailed description of the injury or nature and extent of damage to the property incurred

What steps have been taken to minimise further damage occurring at this site?

Estimate of repair cost or replacement value for damaged property

\$

Please provide the details of the property owner/person to which the damage occurred

Contact Name

Phone Number

Home Address

Email Address

Relationship to the Insured

Please provide details of any witnesses or other persons whom may have contributed to the event (may include employees, family members, subcontractors, neighbours or other)

	Name	Phone Number	Reason for their involvement/ relationship to the insured
1			
2			
3			
4			



If a subcontractor is responsible, please provide the following information

Occupation/Trade

Name of their Public Liability Insurer

Policy Number

Has a notification been received regarding the event to notify you of the claim? If so, how?

- Letter of Demand (please provide) Verbally In Writing

If Verbally or In Writing please specify from whom, to whom and how the notification was given :

Duty of Disclosure

Duty of Disclosure Before you enter into a contract of insurance, you generally have a duty under the Insurance Contracts Act 1984 (Cth) (**ICA**) to disclose anything that you know, or could reasonably be expected to know, or in the case of consumer contracts (as defined in Part IV of the ICA) (**Consumer Contracts**) to take all reasonable care to disclose anything that you know, or could reasonably be expected to know, that may affect the insurer's decision to insure you and on what terms. You have that duty after proposal, and up until the time the insurer agrees to insure you. You have the same duty before you renew, extend, vary or reinstate a contract of insurance.

You do not need to tell the insurer anything that:

- reduces the risk that is insured;
- is common knowledge;
- your insurer knows or should know as an insurer; or
- the insurer waives compliance with your duty of disclosure.

If you are uncertain about whether or not a particular matter should be disclosed to the insurer, please refer to any guidance issued in any insurance proposal or application form, your Duty of Disclosure obligations contained in any PDS and policy terms and conditions (as applicable) and contact your HIA Insurance Services representative.





Non-disclosure

If you fail to take reasonable care in disclosing information to us in the case of Consumer Contracts, or do not tell your insurer anything you are required to, the insurer may cancel your contract or reduce the amount that it is required to pay you if you make a claim, or both. If your failure to disclose is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

In all instances, we recommend that you refer to any information provided by Aon to you or the insurer from time to time about your Duty of Disclosure and contact your HIA Insurance Services representative if you have any queries.

Declaration

I acknowledge and declare that:

- I am authorised to make this declaration;
- My insurance policy coverage is subject to the full terms and conditions of the policy wording and the specific coverage terms, sub-limits and endorsements set out in any quote and the information provided in this proposal;
- I have read and understood the Important Notices, including my duty of disclosure to the insurer;
- No proposal for insurance of this type has been declined by any insurer, nor has any such policy been cancelled or renewal thereof refused; and
- Aon may collect, use, store and disclose personal information to offer, promote, provide, manage and administer the financial services and products we and our group of companies offer, in the manner set out in the [Aon Privacy Notice](#). For further information about our privacy practices, please refer to the [Aon Australia Group Privacy Statement](#), a copy of which can be sent to you on request.

Full Name

Signature

Date



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 handling 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

Please note that further information may be required upon request from your broker or insurer.

Please return this document to your local HIAIS Representative or the below:

au.hiais@aon.com

1800 762 878

www.hiainsurance.com.au

