

CLAIM FORM ➔

Public Liability

EXTF056

Call ATC for assistance on (03) 9258 177

1. If you receive a writ or anything else from a legal firm, or a demand for compensation, please advise us immediately.
2. You must not admit liability for the claim, attempt to settle the claim, or make any promise with respect to the claim without our written agreement.
3. Please attach a separate sheet of paper if you need more space. Any attachments will form part of this claim form and your declaration will include them.
4. Please forward your completed claim form with the relevant documentation to your insurance broker representative. Alternatively, you can send, fax or scan and email or delivery your completed form to the below and we will notify your insurance broker on receipt.

ATC Insurance Solutions
Level 4, 451 Little Bourke Street
Melbourne VIC 3000
Fax: (03) 9867 5540
Email: info@atcis.com.au

Section 1 – Insured and policy details

Full name of insured _____
Trading as _____
Contact Person _____
Postal address _____
State _____ Postcode _____ Email _____
Telephone B/H _____ Telephone A/H _____
Mobile _____ Facsimile _____
Type of policy _____ Policy number _____
Policy Period: (from) ____/____/____ (to) ____/____/____

Section 2 – Goods and Services Tax (this section must be completed for all claims)

Are you registered for GST purposes?

Yes No If Yes, what is your ABN? _____

Have you claimed / can you claim an Input Tax Credit on the GST applicable to the policy? Yes No

If Yes, is the amount claimed less than 100% of the GST applicable to the policy premium? Yes No

If Yes, please specify your percentage entitlement _____%

Section 3 – Incident details

1. Time and date of incident _____ am / pm _____ Date: ____/____/____

2. Location of incident _____

3. Please describe what happened _____

4. Name of person who notified you _____ Telephone: (____) _____

Postal address _____

_____ State _____ Postcode _____

5. Time and date incident reported to you _____ am / pm _____ Date ____/____/____

6. Do you own the land or buildings where the incident happened? Yes No

If No, please provide the name and address of the owner _____

Postal address _____

_____ State _____ Postcode _____

7. Do you occupy the land or buildings where the incident happened? Yes No

If No, please provide the name and address of the occupier _____

Postal address _____

_____ State _____ Postcode _____

8. Was the incident caused by any defect or hazard on the property? Yes No
9. What is your relationship to the injured person or owner of the damaged property? _____
10. Details of any other insurance that might apply to this claim _____

Section 4 – Injured party details

Name of injured party _____ Telephone (____) _____

Address _____
_____ State _____ Postcode _____

What are the injuries? _____

Was medical assistance provided? No Yes Doctor Ambulance Hospital

Provide details _____

Section 5 – Property damage details

Name of owner of damaged property _____

Address _____
_____ State _____ Postcode _____

Describe the damaged property _____

Estimated repair/replacement cost \$ _____

Section 6 – Witness details

(i) Name _____ Telephone (____) _____

Address _____
_____ State _____ Postcode _____

(ii) Name _____ Telephone (____) _____

Address _____ Yes _____ No _____
_____ State _____ Postcode _____

Section 7 – Police details

Did the police attend the scene of the incident? Yes No

Officer's name _____ Police Station _____

Section 8 – Has a claim been made?

Have you received a claim from the injured person or the owner of the damaged property? Yes No

If Yes, please attach a copy of the claim if it is in writing, and any supplementary correspondence or documentation.

Section 9 – Privacy statement

In this statement “we”, “us” and “our” means Lloyd’s and ATC Insurance Solutions (ATC) as its agent.

We are bound by the requirements of the Privacy Act 1988 (Cth), the Privacy Amendment (Private Sector) Act 2000 (Cth) and the Privacy Amendment (Enhancing Privacy Protection) Act 2012. This sets out standards on the collection, use, disclosure and handling of personal information.

Our Privacy Policy is available at www.atcis.com.au or by calling us on the number below.

We, and our agents, need to collect, use and disclose your personal information in order to consider your application for insurance and to provide the cover you have chosen, administer the insurance and assess any claim. You can choose not to provide us with some of the details or all of your personal information, but this may affect our ability to provide the cover, administer the insurance or assess a claim.

We may disclose your personal information to third parties (and/or collect additional personal information about you from them) who assist us in providing the above services and some of these are likely to be overseas recipients in the United Kingdom. These parties which include our related entities, distributors, agents, insurers, claims investigators, assessors, lawyers, medical practitioners and health workers, and federal or state regulatory authorities, including Medicare Australia and Centrelink will only use the personal information for the purposes we provided it to them for (unless otherwise required by law). Information will be obtained from individuals directly where possible and practicable to do so. Sometimes it may be collected indirectly (e.g. from your representatives or co-insureds). If you provide information for another person you represent to us that:

- you have the authority from them to do so and it is as if they provided it to us;
- you have made them aware that you will or may provide their personal information to us, the types of third parties we may provide it to, the relevant purposes we and the third parties we disclose it to will use it for, and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done or will not do either of these things, you must tell us before you provide the relevant information.

You are entitled to access your information and request correction if required. You may also opt out of receiving materials sent by us by contacting ATC on (03) 9258 1777 or write to us at the address given on page 1.

Section 10 – Declaration

(If a company, the following declaration must be made and signed by a member of the company, so describing himself/herself)

I/We declare that the above answers are true and correct to the best of my/our knowledge and that I/we have not withheld any relevant information that may affect the claim. I/We consent to ATC Insurance Solutions using my/our personal information provided on this form for the purpose of processing the claim.

Signed: _____ Date: ____/____/____

Name and title (please print): _____