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*A Specialist Underwriting Agency*

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## PUBLIC & PRODUCT LIABILITY CLAIM FORM

Issuing of this form is not an admission of liability

**NOTE:** This form is to be completed by the Insured only, not the Third Party

Click on fields to be completed, then print & sign or print and complete all sections in.

### 1. POLICY DETAILS:

Policy Number:

Renewal Date:

Expiry Date (dd/mm/yyyy)

Sum Insured:

### 2. CLIENT DETAILS:

Insured's name:

Address:

Suburb:

State:

Postcode:

Best Contact Phone number

Other Phone number:

Email:

To ensure you do not incur any unnecessary GST liabilities on this claim please advise your:

(a) ABN, if applicable

(b) Entitlement to an Input Tax Credit in respect of:

(i) Insurance premium

%

and (ii) the property which is the subject of this claim

%

### 3. DETAILS OF INCIDENT:

Where did the accident happen?

Date of Incident (dd/mm/yyyy)

Time (HH:MM)

am/pm

State clearly how the incident occurred, use extra paper if necessary;

Have you received indication of any demand to be made for this incident or accident? Yes    No

If **YES**, Please provide details include all documentation.

Was the accident reported to Police or WorkCover authorities? Yes    No

If **YES**, Please provide details include all documentation.

**4. WITNESSES:**

Name:

Address:

Suburb:

State:

Postcode:

Best Contact Phone number

Other Phone number:

Email:

**5. DAMAGE CAUSED TO PROPERTY:**

Name:

Address:

Description of damaged property:

Nature of damage:

Estimate cost

**6. INJURY TO PERSONS:**

Name:

Age:

Nature of injury:

Are you aware of any other insurance covering the damage or injury

Yes    No

Details:

**DECLARATION:**

**I hereby declare that to the best of my knowledge the foregoing particulars are true and correct.**

**Signature of Insured:** ..... **Date:** .....

**Position held within Company:**.....