

An Authorised Representative of:
The Hollard Insurance Company Pty Ltd
ABN 78 090 584 473, AFSL 241436
Chubb Insurance Australia Limited
ABN 23 001 642 020, AFSL 239687



ABN 25 151 703 525

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:

Name of Insured:

Address:

Suburb:

State:

Postcode:

Best Contact Ph number

Other Ph 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 Accident:

Where did the accident happen?

Date of accident (dd/mm/yyyy) Time am pm

State clearly how the accident 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:

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Address:

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Suburb:

State:

Postcode:

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Best Contact Ph number

Other Ph number

Email:

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5. Damage caused to Property:

Name:

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Address:

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Description of damaged property:

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Nature of damage:

Estimate cost

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\$

6. Injury to persons:

Name:

Age:

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Nature of injury:

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

Yes No

Details:

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DECLARATION:

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

Signature of Insured:

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Date:

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Position held within Company:

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