



PUBLIC LIABILITY CLAIM FORM

Client No.

Policy No.

Expiry date

Intermediary

PRIVACY INFORMATION

To ensure We are able to consider Your application for insurance cover, administer Your policy or manage any Claim that may arise under Your policy, We need to collect important information. Information you provide in this questionnaire will be confidential and will be treated in accordance with the NTI Privacy Policy available at www.nti.com.au.

WHAT HAPPENS NOW?

- Please complete this Claim Form and contact your broker / agent or nearest NTI branch. Branch details are available at www.nti.com.au.

WHAT CAN YOU EXPECT?

- As soon as Your Claim has been reported to Us, We will contact you as soon as possible to obtain further information and assess Your claim.
- A fully trained and experienced claims handler will be appointed to manage your claim.

IS SOMEONE MAKING THIS CLAIM AGAINST YOU?

- Please complete this Claim Form and return it to your nearest NTI branch together with all the correspondence received from the other party.
OR
- Contact your nearest NTI branch for advice.

WHAT ABOUT MY EXCESS?

(Please note: ALL CLAIMS SUBMITTED REQUIRE EXCESS PAYMENT REGARDLESS OF FAULT)

- If it is determined by NTI that the accident was not your fault, NTI will try to recover your insurance excess from the other party. Naturally, NTI cannot guarantee that this action will be successful.

NOTE:

- The issue of this Claim Form is not an admission of liability on Our part.
- All questions must be fully answered in either black or blue pen, or typed.
- Please print clearly and tick boxes appropriately to indicate 'Yes' or 'No' answers.
- Please continue on a separate sheet of paper if necessary.

THE INSURED (To be completed by the insured NOT by the injured)

Name(s) of insured in full:

Address: Postcode

Phone number: Mobile:

Occupation or trade:

DETAILS OF INCIDENT

Date and time of incident: / / Time: AM/PM (please circle)

Situation and location where incident occurred:

State fully and clearly how the incident happened:

OTHER PERSON(S) INVOLVED IN THIS INCIDENT

Was someone injured?

Yes No

If **yes**, please provide name and address of injured person(s):

Name:

Address:

Nature and extent of injury:

Was any property damaged?

Yes No

If **yes**, please state name, address and phone no. of owner(s):

Name: Phone:

Address:

Nature and extent of damage:

Amount being claimed: (Please attach relevant documentation if available).

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Is the person making the claim against you:

a) an employee of the insured?

Yes No

b) an employee of a subcontractor?

Yes No

c) a member of the insured's family?

Yes No

d) ordinarily resident in the insured's home?

Yes No

Have you been notified of a claim against you?

a) verbally? If **yes**, by whom? Yes No

b) in writing? If **yes**, please attach the correspondence. Yes No

If someone was injured:

What type of safety clothing were they wearing? (e.g. gloves, safety glasses, type of shoes, etc.)

Did anything or anyone contribute to the incident?

If the injury was caused by the use of a motor vehicle:

Was the motor vehicle registered?

Yes No

If **yes**, please provide the registration no.:

Owner details:

If the motor vehicle was unregistered, was it insured?

Yes No

If **yes**, please provide the name of insurer: Policy no.:

What was the motor vehicle being used for at the time of the event?

Did the incident arise from a product manufactured / supplied by the insured?

Yes No

If **yes**:

a) When was the product manufactured / supplied?

b) Was the product supplied or manufactured as part of a written contract? If **yes**, please attach details. Yes No

c) Did someone else manufacture / supply some or all of the product? If **yes**, please attach details. Yes No

Details of your employee in charge at the time of the incident:

Title: Name:

Address: Postcode:

Give name(s), address(es) and phone number(s) of all witness(es):

Witness 1:

Name:

Address: Phone:

If more than one, please attach details on a separate page.

DECLARATION

I / We declare that all particulars stated above and statements made in support hereof are true and correct and that no information relevant to this has, to My knowledge, been withheld and that no other person(s), to My knowledge, has an interest in the said property.

Signature(s) of employee(s): Date:

Signature(s) of insured: Date:

NTI Limited (ABN 84 000 746 109) (AFSL 237246) is the manager for National Transport Insurance, an equal-partner joint venture of CGU Insurance Limited (ABN 27 004 478 371) and Vero Insurance Limited (ABN 48 005 297 807). This means that each insurer is responsible for its one half share.

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