

General Liability Claim Form

The issue of this form is not an admission of liability

Policy No	Date	Amount \$	Excess \$
Name of Insured	Tel. No.		
Postal Address			Postcode
Date of Event	/ /20		
	at	or between	and
Where did the event occur?			
Brief Description (including cause of loss or damage)			
Amount claimed (as shown on the Schedule on reverse side of this form)	\$		
Is any Third Party to blame for loss or damage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(If Yes, who?)
Have you received/anticipate receiving Notice of any Claim from or on behalf of Third Parties?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(If Yes, give details)
Name/s and address/es of witness/es, if any			

<p>Have Police been notified?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please state):</p> <p>(i) What Station:</p> <p>(ii) By whom?</p> <p>(iii) Date of report/...../.....</p>
<p>Have you taken any other action to recover or reduce your loss?</p>	
<p>Other particulars:</p> <ul style="list-style-type: none"> • Name of Owner of Property Lost/Damaged • Name of any other Interested Party (eg, Mortgagee, Trustee) • Details of other insurances covering damaged property 	

