Global Transport
& Automotive Insurance

Public / Products Liability Incident Report

The completion of this form is to report:

- Any accident which has caused bodily injury or property damage; or
- Any accident which has the potential to result in a personal injury or property damage claim.

If you have received any written communication, do not answer. Attach to this claim.

Claim number _____ (Office Use Only)

Name of insured _____

Occupation _____

Contact person _____

Home phone no. ( ) _____ Work phone no. ( ) _____ Mobile. no. _____

Email _____

Postal address _____

_____ Postcode _____

Broker/agent name _____ Phone no. ( ) _____

Policy No. _____ Excess $ _____

Inception date ___/___/___ Expiry date ___/___/___

G.S.T.:

Are you registered for GST purposes? Yes ☐ No ☐ A.B.N. _____

To what extent are you entitled to claim an Input Tax Credit on the GST for this policy? _____ %

Premises leased?

Yes ☐ No ☐ Have premises been altered since incident? Yes ☐ No ☐

If yes, give details _____

_____

Incident / Accident:

Date ___/___/___ Time _____ am/pm Date reported ___/___/___

Location _____

_____

Purpose for which location was being used _____

Who was the incident reported to? _____ Employee Yes ☐ No ☐

Describe the incident (including the cause and source of information) _____

_____

_____

_____

_____

_____

_____

Products Liability:

If applicable, please complete the following)

Product name _____ Model No. _____

Serial No. _____ Lot No. _____ Batch No. _____

Customer's name _____ Phone No. _____

Address _____

_____ Postcode _____

Property damaged:

Nature and extent of damage _____ Estimated cost $ _____

Name of owner of damaged property _____

Address _____

_____ Postcode _____

Home phone no. ( ) _____ Work phone no. ( ) _____ Mobile no. _____

Personal injury:

Name of person injured _____

Age _____ years Sex Male ☐ Female ☐ Occupation _____

Address _____

_____ Postcode _____

Home phone no. ( ) _____ Work phone no. ( ) _____ Mobile no. _____

Nature of injury _____

Was treatment given at the scene of the incident? Yes ☐ No ☐

If Yes, by whom (if ambulance or doctor, give details) _____

Address _____

_____ Postcode _____

Was transport provided to hospital? Yes ☐ No ☐

Witnesses:

Were there any witnesses to the event? Yes ☐ No ☐ (If yes, please complete the following)

Name _____

Address _____

_____ Postcode _____

Home phone no. ( ) _____ Work phone no. ( ) _____ Mobile no. _____

Where was the witness? _____

Second witness:

Name _____

Address _____

_____ Postcode _____

Home phone no. ( ) _____ Work phone no. ( ) _____ Mobile no. _____

Where was the witness? _____

Privacy:

The Privacy Act 1988 requires us to tell you that as an insurer we collect your personal and sensitive information in order to calculate your loss and entitlements, determine our liability, compile data and handle claims. When handling claims, we may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents or other parties as required by law.

You have the right to seek access to your personal information and to correct it at any time. Please contact us on (02) 9966 8820 and advise us of the changes.

Declaration:

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.

I/We acknowledge that I/we have read and understood the Privacy Act 1988 information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim, with their approval. I/We acknowledge that if I/we do not agree to the collection of this personal and sensitive information then Allianz will be unable to process my/our claim.

Signature of Insured _____ Date ___/___/___

Global Transport & Automotive Insurance Solutions Pty Ltd
AFS Licence No. 240714
A.C.N. 069 048 255
A.B.N. 93 069 048 255

Level 7, 100 Christie Street St. Leonards NSW 2065
P.O. Box 507 St. Leonards NSW 1590
Website: www.gtais.com.au Phone: (02) 9966 8820 Fax: (02) 9966 8840