



Liability
Commercial

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 _____

Name of Insured: _____

Contact Person: _____

Home Phone No: _____ **Work Phone No:** _____ **Mobile:** _____

Email _____ **Occupation** _____

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 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** _____

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