

General Liability Claim

IMPORTANT: No admission of liability, either implied or expressed, should be made. Advise the person(s) making the claim that that the matter has been referred to the Insurance Commission for liability determination.

1. Agency details

Agency name:	
Address:	
Contact name:	
Phone:	Email:
Risk/cost centre:	

2. Claimant details

Family name:	Given name(s):
Date of birth:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Address:	
Phone:	Email:

3. Incident details

Has the incident previously been reported to the Insurance Commission? Yes <input type="checkbox"/> If yes, please provide the claim number: _____ No <input type="checkbox"/>	
Where did the incident occur?	
Date of incident:	Time: _____ am/pm
Describe how the incident occurred:	
State the allegations made by the claimant (if known):	
Access type at incident location: Restricted access <input type="checkbox"/> Common user access <input type="checkbox"/> General public access <input type="checkbox"/>	

4. Personal injury details (if applicable)

What actually happened and what caused the person injury? What action was involved, e.g. – fall, caught between, struck by moving object:
What object/machine/substance was involved, e.g. petrol fumes, wooden door frame:
Describe the most serious injury or disease caused by the occurrence, e.g. fracture, burn, cut, abrasion:

Describe the bodily location of the injury or disease, e.g. upper arm, ankle, eye:
Describe the physical location where the personal injury took place, e.g. playground:

5. Damaged or lost property details (if applicable)

Property owner's last name:
Property owner's first name:
Address:
What property was lost or damaged?
How was the property lost or damaged?
Describe the physical location where the occurrence took place e.g. driveway:
Was the property in the agency's care or custody? Yes <input type="checkbox"/> No <input type="checkbox"/>
If repairs have been carried out, who should be paid?
(Attach the repairer's report, quotations, invoices and any technical reports to this form)

6. Other type claim details (if applicable)

If the claim is not for personal injury or property loss or damage, provide details:
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7. Witness details

Were there any witnesses to the incident? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:
Address:
Phone: Email:

8. General details

Were the Police in attendance? Yes <input type="checkbox"/> If yes, please provide the report number: No <input type="checkbox"/>

9. Agency declaration and authorisation

I declare that the details submitted are true and correct and that I am the person authorised to lodge the claim with the Insurance Commission on behalf of the abovementioned agency.	
Signature:	Date:
Name:	Position Title:
Phone:	Email:

Please send the completed form to the relevant Claims Officer.