

Claim Form | Public & Products Liability

Policy Details

Name of Insured:

Ins. Certificate No:

Contact Name:

Phone No:

Email Address:

Postal Address:

ABN:

Input Tax Credit:

%

Business Activity:

What date did you perform the work from which this claim or possible claim arises?

What date did you first become aware of a claim or possible claim against you?

What brought this to your attention?

Please provide the full address of where the alleged incident took place:

What work were you retained or contracted to do which may give rise to this claim or a possible claim?



Was your retainer or contract confirmed in writing? If yes, please attach a copy.
If no, please provide details of how this was confirmed including the details of the party that engaged you to complete the work:

Please provide the name and contact details of the party who is, or who may be claiming against you:

Have allegations been made against you? If yes, please attach any correspondence you may have received that outline these allegations. If not available, please provide details of the allegations:

What are your views regarding these allegations?



What is your estimate of the total value of the claim?

Are there any other comments you wish to add or anything else you wish to bring to our attention?

Declarations

I/We acknowledge that I/We have read and understood the Privacy Act information at www.protecsure.com.au and consent to the collection, storage, use and disclosure of my/our personal and sensitive information so that Protecsure, as agent for Berkley Insurance Australia will be able to process my/our claim.

I/We the Insured do solemnly and sincerely declare that I/we have complied with the conditions and warranties (if any) of the Policy and in no manner deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or willful misrepresentation and that the information shown on this form is true and that I/we have not concealed any information relating to this claim.

Print Name: _____

Title: _____

Signature: _____

Date: _____

Please return the completed claim form and any supplementary information to claims@protecsure.com.au



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