



RIBUT Pty Ltd
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AFS Licence Number: 244330
ABN: 13 165 872 088



Public Liability Insurance Claim

The supply or acceptance of this form is not an admission of liability on the part of the insurer.

Policy Number	<input type="text"/>	RIB Ref No	<input type="text"/>
Full Name	<input type="text"/>		
Address for Notices	Regional Insurance Brokers, Po Box 477 Mackay QLD 4740		
Phone	<input type="text"/>	Fax No.	<input type="text"/>
Occupation/Bus/Industry/Trade	<input type="text"/>		
Name any other interested party	<input type="text"/>	How interested	<input type="text"/>
Address	<input type="text"/>		

Is there any other Insurance in force which would cover this in whole or part Yes No
 If Yes, please advise in the space provided.

<input type="text"/>

What is your Australian Business Number (ABN)? - - -

Are you registered for GST? Yes No

To what extent are you entitled to claim an Input Tax Credit on the GST applicable to the premium? %

Details of Loss Damage Or Occurrence

Date of Loss / Damage / or Occurrence	<input type="text"/>	Time	<input type="text"/>
When was it reported to you (if applicable)?	<input type="text"/>	Time	<input type="text"/>

Place and/or premises where it occurred

Please state full details of how loss/damage/or accident occurred.

<input type="text"/>

Please describe nature of damage or injury.

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Name and address of injured person or owner of damaged property.

Name	Address	Phone No.
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Is the injured person or owner of damaged property in your employ, in the employ of any contractor or sub-contractor to you, or related to you?

Yes No

If yes, please provide full details.

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Has any claim been made against you?

Yes No

If **YES**, state full details and attach all communication received.

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Did you admit liability in any way?

Yes No

If **YES**, provide full details.

<hr/> <hr/> <hr/> <hr/> <hr/>

Have you any other information of which you consider the company should be aware?

<hr/> <hr/> <hr/> <hr/> <hr/>

Responsibility/Witnesses

In your opinion was any other person(s) responsible for loss or damage or cause of the Occurrence? YES/NO - If yes, please give details.

Full Name					
Address					
Bus Phone		Pvt Phone		Fax	

Reasons:

Was there a witness or witnesses to this event? Yes No

If YES, please give full details.

Name of Witnesses					
Address					
Bus Phone		Private Phone		Fax No.	

Insurance History

Have you ever previously sustained loss/damage or caused damage or injury to 3rd parties? Yes No

If YES, give details of such losses and amounts involved.

Was an Insurance Company involved? Yes No

If YES, please state name of company and year of claim.

Have you had any policies decline, cancelled or conditions imposed for any insurance policy? Yes No

Privacy

The Privacy Act 1988 requires us to tell you that we as broker and the insurer collect your personal and sensitive information in order to calculate your loss and entitlements, determine the insurer's liability, compile data and handle claims.

When handling claims we and the insurer 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.

Where you give us information about other persons you must have their consent to this and provide it on their behalf. If not, you must tell us.

You have the right to seek access to your personal information and to correct it at any time. Please contact us to advise if any changes are required.

Internal Dispute Resolution (IDR) Statement

Disputes are not an everyday occurrence. However insurers provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details. If you are not satisfied with the outcome of that process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

Declaration (must be completed)

1. 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 have not deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or misrepresentation and that the information shown on the form is true and the I/We have not concealed any information relating to this claim. I/We understand that this claim may be refused if the information is untrue, inaccurate or concealed.
2. Further it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the company any sum which may have been paid to me/us in respect of such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.
3. I/We acknowledge that I/we have read and understood the Privacy Act 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.
4. I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information, then the broker and the insurer will be unable to process my/our claim.

Date: _____

Signature: _____

EFT Payment Details (Please complete this section if you require payment directly into your account)

Account Name			
BSB:		Account Number	
Bank Name		Address:	
Email Address for payment notification:			

How To Get Quick Action On Your Claim

1. Complete the attached form and return to our office.
2. Attach any letter of demand or other correspondence that you may receive from any Third Party.
3. Do not make any admission of liability for loss or damage caused by you to the Third Parties.

WHAT WE WILL DO - IF THE PAPERWORK IS CORRECT AND COMPLETE:

- Submit the claim form to the Insurer.
- If the claim has not been paid within 14 days we will contact the Insurer and then advise you accordingly.
- We will then follow up the claim when necessary until settlement is reached, however, please feel free to call at any time.

WHAT AN ASSESSOR WILL DO:

- An assessor is an independent person who is appointed by the Insurer for their expertise in helping you finalise a larger or more difficult claim.
- They will interview and obtain details of a loss and arrange for quotes and prepare the necessary paperwork.
- The assessor is your contact point.
- The assessor will write a report to the Insurer recommending a course of action.
- The Insurer will not act until these reports are received and although not bound by the assessor recommendations, the Insurers usually accept these reports.
- If you are unhappy with any aspect of the claim, advise the assessor. If he is unable to correct the problem then contact us immediately. We will not know of any problem without being advised.
- If you are unhappy with the assessor's responses, contact us immediately.