



Regional Insurance Brokers Pty Ltd ATF
 Regional Insurance Brokers Unit Trust
 50 GORDON STREET MACKAY 4740
 PO BOX 477 MACKAY QLD 4740
 TELEPHONE: 07 4951 6200
 FAX: 07 4951 1490
 E-MAIL: admin@ribpl.com.au
 WEB: www.ribpl.com.au

AFS Licence Number: 244330
 ABN: 16 774 173 856
 ACN: 010 723 967



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 | | RIB Ref No | |
| Full Name | | | |
| Address for Notices | Regional Insurance Brokers, Po Box 477 Mackay QLD 4740 | | |
| Phone | | Fax No. | |
| Occupation/Bus/Industry/Trade | | | |
| Name any other interested party | | How interested | |
| Address | | | |
| Is there any other Insurance in force which would cover this in whole or part | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |

If Yes, please advise in the space provided.

| | | | | | | | | | | | | | |
|----------------------------------------------------------------------------------------------------|----------------------|----------------------|---|----------------------|----------------------|----------------------|---|----------------------|----------------------|----------------------|--------------------------|----|--------------------------|
| <input type="text"/> | | | | | | | | | | | | | |
| What is your Australian Business Number (ABN)? | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Are you registered for GST? | | | | | | | | | | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 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"/> <hr style="border-top: 1px dashed black;"/> <input type="text"/> |
|---------------------------------------------------------------------------------------------|

Please describe nature of damage or injury.

| |
|----------------------|
| |
|----------------------|

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

| Name | Address | Phone No. |
|------|---------|-----------|
| | | |
| | | |

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.

| |
|----------------------|
| |
|----------------------|

Has any claim been made against you?

Yes No

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

| |
|----------------------|
| |
|----------------------|

Did you admit liability in any way?

Yes No

If **YES**, provide full details.

| |
|----------------------|
| |
|----------------------|

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

| |
|----------------------|
| |
|----------------------|

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

We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insurance needs. We provide your information to insurance companies and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators). Your information may be given to an overseas insurer (like Lloyd's of London) if we are seeking insurance terms from an overseas insurer, or to reinsurers who are located overseas. We will try to tell you where those companies are located at the time of advising you. We do not trade, rent or sell your information.

If you don't provide us with full information, we can't properly advise you, seek insurance terms for you, or assist with claims and you could breach your duty of disclosure.

For more information about how to access the personal information we hold about you and how to have the information corrected and how to complain if you think we have breached the privacy laws, ask us for a copy of our Privacy Policy or visit our website.

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.