



COMBINED P.I. AND B.L. POLICY

NOTIFICATION OF AN OCCURRENCE OUT OF WHICH A CLAIM UNDER THE BROADFORM LIABILITY POLICY COULD ARISE

Please do not include any statement or comment on this form which could be construed as an admission of fault.

Please attach any supplementary information and relevant correspondence.

Insured's details

1. Name(s) of the Insured

2. Insured's address

Postcode

3. Contact name

Telephone no.

4. Email address

5. Policy number

6. Period of insurance from DD/ MM/ YY to DD/ MM/ YY

7. Are you registered for GST purposes? No Yes What is your ABN?

8. a. Are you entitled to an Input Tax Credit on 100% of the GST paid on your insurance premium? No Yes

b. Is your entitlement 100%? Yes No Please specify your percentage entitlement %

Claim details

1. When did the accident happen?

DD/ MM/ YY Time a.m. p.m.

2. a. Address where accident happened

Postcode

b. Are you the owner and/or occupier of the land or buildings at the address?


No Yes Name of owner/occupier

Address

Postcode

3. Describe what happened

4. a. Was the accident caused by a defect or hazard on the property where the accident happened?

No Yes  How long had you been aware of it?

b. Had anyone notified you of the defect or hazard before the accident?

No Yes  When were you notified?

D | D / M | M / Y | Y

Who notified you?


5. Were there any witnesses?

No Yes  Name of witness

Telephone no.

 Address

Postcode

 Name of witness

Telephone no.

 Address

Postcode

6. Did the police attend the accident?

No Yes  Officer's Name

Name of station

7. Have you received a claim from the injured person, or the owner of the damaged property?

No Yes  Attach any correspondence relating to this claim.

8. What relationship exists between the the injured person, or the owner of the damaged property and you (e.g. client, visitor, employee)?

Property details

1. Describe the property and the damage.

2. Estimated cost of repair or replacement.

\$

Injury details

1. a. Name and Address of injured person

Name

Address

Postcode

