

COMBINED P.I. AND B.L. POLICY NOTIFICATION OF AN OCCURRENCE OUT OF WHICH A CLAIM UNDER THE BROADFORM LIABILITY POLICY COULD ARISE

this form which could be construed as an admission of foult

	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.							
l	nsured's details							
1.	Name(s) of the Insured							
0								
Ζ.	Insured's address		Destesda					
0		Talaabaaa	Postcode					
3.	Contact name	Telephone	no.					
4.	Email address							
5.	Policy number							
6.	Period of insurance from D D / M M / Y Y to D D / M M / Y							
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 Y	Yes					
	b. Is your entitlement 100%? Yes No Please specify your percentage ent	itlement						
Claim details								
1.	When did the accident happen?							
	D D / M M / Y Y 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 th	e accident	caused by a defect or hazard on the property where the accident happened?				
	I	No	Yes	How long had you been aware of it?				
	b.	Had ar	iyone notifi	ed you of the defect or hazard before the accident?				
	I	No	Yes	When were you notified?				
				Who notified you?				
5		ro thore	opywites	2000 ⁰				
э.	No		e any witne	Name of witness	Telephone no.			
	INU	Yes	163		Telephone	10.		
				Address				
						Postcode		
				Name of witness	Telephone	no.		
				Address				
						Postcode		
6.	Did	I the po	lice attend	the accident?				
	No)	/es	• Officer's Name				
				Name of station				
7	Цo		reactived a	claim from the injured person, or the owner of the damaged property?				
7.	No		received a	Attach any correspondence relating to this claim.				
8.				sts between the the injured person, or the owner of the damaged property an	id vou (e.a. c	client. visitor. (emplov	ee)?
						,		,-
	Dron	oerty d	lotails					
		_		y and the damage.	_	_		
2.	Est	imated	cost of rep	pair or replacement.				
	\$							
I	njur	y deta	nils					
1.	a.	Name	and Addre	ss of injured person				
Name								
		Addres	SS					
						Postcode		

		Occupation						
		Employer						
	c.	Age N	Nale	Female	Private telephone no.		Business telephone no.	
2. What were the injuries?								
3.	Wa	Was medical assistance necessary?						
	No	Yes		Doctor	Ambulance	Hospital		
			Na	me of Doctor				
			Na	me of Hospital				
_	_		_					

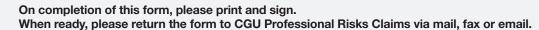
Declaration

I declare that I am the person completing and executing this form and am authorised by the insured/policyholder to do so and that to the best of my knowledge and belief the information supplied by me herein is true and correct and I have not withheld any relevant information.

I agree that, by submitting this form, the personal information I provide to CGU Insurance Limited in this form or otherwise may be collected, held, used and disclosed in the manner set out in the CGU Privacy Policy found at www.cgu.com.au/privacy, including for processing this claim.

Signature of the insured or person with authority to sign for and on behalf of a company or partnership

Date



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