

# PUBLIC LIABILITY INSURANCE CLAIM FORM



## Completing this Form

Please answer all questions. This will help us to process your claim quickly.

If you need more space to answer any of the questions or wish to provide further comment, please use a separate sheet of paper. Any attachments will form part of this claim report and the declaration will include them.

Please note that information provided in this form will be used to assess the claim you are notifying and the accuracy of this information will be relied on by us and your insurer.

The issue and acceptance of the claim form does not constitute an admission of liability by either Triton Claims or insurers, nor does it constitute a waiver of their rights.

## Privacy Statement

Triton Claims is committed to protecting the privacy of personal information you provide to us and we adopt the National Privacy Principles under the Privacy Act 1988.

We need to collect your personal information to assess your request for insurance cover or to determine a claim. Unless we are required by law to provide personal information to others, your personal information will only be seen or used by:

- our own staff or contracted staff
- brokers, loss assessors, claims investigators and lawyers appointed by us or on our behalf for claims handling persons
- reinsurers, other insurance companies, financial institutions, government bodies, hospitals, medical and health professionals, and other professional advisors. Where necessary, we will always gain your consent.

By submitting your personal information, you agree to us using and disclosing your personal information as outlined in this Privacy Statement which remains valid unless you revoke such consent in writing.

If you do not provide us with the requested personal information, we will not be able to consider your application.

## General Insurance Code of Practice

Triton Claims operates in accordance with the General Insurance Code of Practice. If you want more information about this Code, please go to [www.codeofpractice.com.au](http://www.codeofpractice.com.au).

# Dispute Resolution

## Dispute Resolution Process

We strive to do things the right way and keep our customers happy. However, sometimes differences do occur. When this happens, our aim is to resolve them as amicably and as quickly as possible. This means that we offer an Internal Dispute Resolution Process (IDR) in the event that a customer is not satisfied with the outcome or any aspect of their insurance with us.

To utilise our IDR Process you just have to call us on (02) 8412 3500 and ask to speak to the Compliance Manager whose contact details are as follows.

### Genesis Underwriting Pty Ltd

**Attn: Anthony Jodrell**

P.O. Box 873

Manly NSW 1655

Phone: 02 8412 3500

Genesis Underwriting Pty Ltd is a signatory to and participates in the General Insurance Code of Practice. To access the General Insurance Code of Practice please visit [codeofpractice.com.au](http://codeofpractice.com.au).

The Code Governance Committee (CGC) is an independent body that monitors and enforces insurers' compliance with the Code. For more information on the Code Governance Committee (CGC) go to [www.insurancecode.org.au](http://www.insurancecode.org.au)

We will acknowledge receipt of your complaint and do our utmost to resolve the complaint to your satisfaction within 10 business days.

If we cannot resolve your complaint to your satisfaction, we will escalate your matter to Lloyd's Australia who will determine whether it will be reviewed by their office or the Lloyd's UK Complaints team. Lloyd's contact details are:

### Lloyd's Australia Limited

Email: [ldraustralia@lloyds.com](mailto:ldraustralia@lloyds.com)

Telephone: (02) 8298 0783

Post: Suite 1603 Level 16, 1 Macquarie Place, Sydney NSW 2000

A final decision will be provided to you within 30 calendar days of the date on which you first made the complaint unless certain exceptions apply.

We will do everything to reach a resolution within the terms of the policy. If your complaint is not resolved in a manner satisfactory to you or we do not resolve your complaint within 30 calendar days, you may refer the matter to Australian Financial Complaints Authority (AFCA).

AFCA can be contacted by post GPO Box 3, Melbourne VIC 3001, phone 1800 931 678 or email [info@afca.org.au](mailto:info@afca.org.au). More information can be found on their website [www.afca.org.au](http://www.afca.org.au)

AFCA is an independent body that operate nationally in Australia and aims to resolve disputes. AFCA provides fair and independent financial services complaint resolution that is free to consumers. Your dispute must be referred to AFCA within 2 years of the date of our final decision. Unless AFCA considers special circumstances apply. If your complaint is not eligible for consideration by AFCA, you may be referred to the Financial Ombudsman Service (UK) or you can seek independent legal advice. You can also access any other external dispute resolution or other options that may be available to you.

The Underwriters accepting this Insurance agree that:

- i. if a dispute arises under this Insurance, this Insurance will be subject to Australian law and practice and the Underwriters will submit to the jurisdiction of any competent Court in the Commonwealth of Australia;

# The Insured

---

Insurer:

Policy Number:

Expiry date:

Name of insured:

Business / Trading Name & ABN:

Address details:

Contact Name:

Telephone Number(s):

Email:

Are you registered for GST?

Yes

No

Have you claimed or do you intend to claim an input tax credit on the GST component of the premium applicable to this Policy?

Yes

No

Will you be claiming an amount less than 100%?

Yes

No

Please specify the amount claimed:

# The Accident / Incident

---

Date of accident / incident:

Time:

Date reported to you:

Please provide a description of the accident / incident:

(ie., where did the incident occur, what happened, how did the incident occur, etc.)

*Please attach any separate documentation (eg., diagrams, photographs, etc) that you consider may assist in insurer's understanding of this incident.*

Have you admitted responsibility / liability for the incident in any way?

Yes

No

If **yes**, please provide details:

Was the accident / incident due to:

- |    |  |     |    |
|----|--|-----|----|
| a) | The action(s) of any individual(s)?                                      | Yes | No |
|    | <b>If yes</b>  |     |    |
|    | Name:  |     |    |
|    | Address:   |     |    |
|    | Relationship to you:   |     |    |
|    | How / why do you consider this person responsible for the incident?      |     |    |
| b) | Property?  | Yes | No |
|    | <b>If yes</b>  |     |    |
|    | What type of property caused the incident?                               |     |    |
|    | Do you own the property?   | Yes | No |
|    | If <b>no</b> , please state the owner of the property:                   |     |    |
|    | Do you occupy the property?  | Yes | No |
|    | If <b>no</b> , please state the name of the tenants and type of tenancy: |     |    |
| c) | Plant or Equipment?  | Yes | No |
|    | <b>If yes</b>  |     |    |
|    | Please describe the plant of equipment and its uses:                     |     |    |
| d) | A motor vehicle?   | Yes | No |
|    | <b>If yes</b>  |     |    |
|    | Type of vehicle:   |     |    |
|    | Rego. No.  |     |    |
|    | Drivers Name & Address:  |     |    |
|    | Owners Name & Address:   |     |    |
| e) | An animal?   | Yes | No |
|    | <b>If yes</b>  |     |    |
|    | Type of animal:  |     |    |
|    | Is the animal normally confined behind fences?                           | Yes | No |
|    | Has the animal been involved in any similar incidents?                   | Yes | No |

# The Claimant

---

Name:

Address:

Contact telephone / Mobile:

Solicitor's name:

(if applicable)

Please give full details of injuries sustained / property damaged:

Has a demand been made against you, either verbally or in writing? If so, please give full details or attach a copy of the written demand

# Witnesses

---

Please give the names of any witnesses:

**Witness 1** name:

Address:

Contact Number:

Relationship (eg., employee, family, friend, previously unknown):

**Witness 2** name:

Address:

Contact Number:

Relationship (eg., employee, family, friend, previously unknown):

# Police & Other Emergency Services

---

Did a Police Officer attend the incident / accident?

Yes

No

If **yes**, name of Police Officer/Police Station:

Did Police lay any charges or intimate action may be taken?

Yes

No

If **yes**, please provide details:

Did ambulance, fire brigade or other emergency services attend?

Yes

No

If **yes**, please provide details:

## Declaration & Authorisation

---

I declare that all information provided in respect of this claim is true and correct and that no relevant information has been withheld.

I consent to Triton Claims using my personal information I have provided on this form for the purpose of processing my claim.

Signature of the insured:

Name:

Date:

*Please indicate the number of additional pages attached to this claim report:*

*Please email form to Genesis Claims:*

*Anthony Jodrell*

*Email [ajodrell@genesisuw.com.au](mailto:ajodrell@genesisuw.com.au)*

*If you have any questions or wish to discuss your claim, please do not hesitate to contact us.*

**Save PDF**

**Print Form**