



*DCS Asia Pacific Pty Ltd*

## 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 DCS Asia Pacific Pty Limited or insurers, nor does it constitute a waiver of their rights.

### Privacy Statement

DCS Asia Pacific 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

DCS Asia Pacific 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

If you wish to make a complaint, please do so in writing and send it to: Dispute Resolution Manager, DCS Asia Pacific, Suite 606, 83 York Street, Sydney NSW 2000 or email: [enquiries@dcsclaims.com.au](mailto:enquiries@dcsclaims.com.au).

Section 1	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	%
Section 2	The Accident / Incident				
Date of accident / incident	/	/	Time:	AM / PM	Date reported to you:  / /
<p>Please provide a description of the accident / incident</p> <p>(ie., where did the incident occur, what happened, how did the incident occur, etc.)</p> <p>Please attach any separate documentation (eg., diagrams, photographs, etc) that you consider may assist in insurer's understanding of this incident.</p> <p>Have you admitted responsibility / liability for the incident in any way?</p>	<p>YES / NO &gt; If yes, please provide details:</p>				

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

<b>Section 3</b>	<b>The Claimant</b>	
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		
<b>Section 4</b>	<b>Witnesses</b>	
Please give the names of any witnesses	<p><u>Witness 1</u></p> <p>Name:</p> <p>Address:</p> <p>Contact Number:</p> <p>Relationship (eg., employee, family, friend, previously unknown):</p> <p><u>Witness 2</u></p> <p>Name:</p> <p>Address:</p> <p>Contact Number:</p> <p>Relationship (eg., employee, family, friend, previously unknown):</p>	

<b>Section 5</b>	<b>Police &amp; Other Emergency Services</b>
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 supply full details:
Did ambulance, fire brigade or other emergency services attend?	YES / NO > If yes, please supply full details:
<b>Section 6</b>	<b>Declaration &amp; Authorisation</b>
	<p>I declare that all information provided in respect of this claim is true and correct and that no relevant information has been withheld.</p> <p>I consent to DCS Asia Pacific using my personal information I have provided on this form for the purpose of processing my claim.</p> <p>Signature of the insured: .....</p> <p>Name:</p> <p>Date:     /     /</p> <p>Please indicate the number of additional pages attached to this claim report: .....</p>
	<p><b>Please return the completed form to your broker or mail, fax or email it to us at:</b></p> <p><b>DCS Asia Pacific Pty Ltd</b>  <b>Suite 606, 83 York Street</b>  <b>Sydney NSW 2000</b></p> <p><b>P: 02 8235 4044</b>  <b>F: 02 8235 4040</b>  <b>E: enquiries @ dcsclaims.com.au</b></p> <p><b>If you have any questions or wish to discuss your claim, please do not hesitate to contact us.</b></p>