

QBE Claim Form

PUBLIC/PRODUCTS AND/OR PERSONAL LIABILITY



Branch:
Policy Number:
Due Date:



Level 16, 23-29 Albert Street,
PO Box 44, Auckland
Phone: 00 64 9 366 9920

QBE INSURANCE (INTERNATIONAL) LTD
A Member of the QBE Insurance Group - Incorporated in N.S.W., Australia. A.C.N. 000 000 948

3.0.0.6.0400
QBE Public/Products and/or Personal Liability Claim Form

The issue of this claim form is not an admission of liability by QBE

- Please note:**
1. If anyone holds you responsible for their accident/injury, insist their claim must be in writing.
 2. Any communication received must be forwarded to QBE immediately.
 3. Do not admit liability.
 4. If there is insufficient space or further comment on any area is considered necessary, please use additional pages.

CLIENT DETAILS

Insured name Policy number

Address

Occupation Telephone number

THIRD PARTY DETAILS (Person or Company Claiming Against You)

Name

Address

Private telephone (0)..... Business telephone (0).....

Occupation/Business

PARTICULARS OF ACCIDENT/INCIDENT

Date of accident/incident Time am ☐ pm ☐

Date reported to you Time am ☐ pm ☐

Exact location of accident/incident

Describe the incident or accident in as much detail as possible

Have you or any of your employees and/or contractors, subcontractors admitted responsibility in any way?
 Yes ☐ No ☐

If YES, please provide details of admission



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..... Phone Number

(2) Name Relationship

Address

..... Phone Number

(3) Name Relationship

Address

..... Phone Number

(4) Name Relationship

Address

..... Phone Number

(5) Name Relationship

Address

..... Phone Number

OTHER INSURANCE

Do you or any Contractors/Sub-Contractors hold any other Policy which could cover this claim? Yes No

If YES, please provide details of which party holds the policy, the name of insurer, policy number and class of insurance.

Party holding the policy Insurer.....

Policy number Class of insurance

CONDITIONS OF SALE

If this claim is in respect of a product you manufacture, construct, erect, install, repair, service, treat, sell, supply, or distribute please attach any conditions of sale that are supplied with the product.

AT THE SCENE

Did a Police Officer attend the accident/incident? Yes No

If YES, please state his/her name Stationed

Did the Police lay any charges or intimate action may be taken? Yes No

If YES, please supply full details

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DECLARATION

I/We declare that:

- (a) The information and answers given above are correct to the best of our/my knowledge and belief. I/We have not withheld any information likely to affect QBE's consideration of the claim;
- (b) I/We understand that QBE requires this information (which will be retained by QBE) to evaluate the claim. I/We understand that the Privacy Act 1993 entitles me/us to have access to and request the correction of the information;
- (c) QBE is authorised to disclose information contained herein to QBE's advisors, reinsurers and to other insurers. I/We authorise QBE to obtain, from any other party, information that is, in QBE's view relevant to this claim.

.....
Insured's Signature(s)

.....
Date



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