



A SUNCORP COMPANY

Claim No.: \_\_\_\_\_

Policy No.: \_\_\_\_\_

# Public and Products Liability Claim Form

**Please return this form to GIO General Limited immediately. Omission of relevant information may delay attention to your claim.**

Name of insured \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Address of premises where incident occurred \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Occupation, trade or business \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_ Mobile \_\_\_\_\_

Tax details: ABN \_\_\_\_\_ ITC percentage on premium for this policy section \_\_\_\_\_ %

## GENERAL QUESTIONNAIRE: This section must be fully completed

1. When did the accident happen? Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time \_\_\_\_\_ am/pm

2. Where did it happen? \_\_\_\_\_

3. How did it happen? \_\_\_\_\_

4. Who reported it to you? Name \_\_\_\_\_ Date reported \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

5. Were there any witnesses?  YES  NO – if YES, state the person/s name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

6. Did Police attend the scene?  YES  NO – if YES, state the officer's name \_\_\_\_\_

Police station \_\_\_\_\_ Event No. \_\_\_\_\_

7. Have you received any notice of a claim from the injured person or the owner of the damaged property?  YES  NO

If YES, indicate whether:  Verbal or  In writing (please attach a copy)

8. Indicate the relationship to the insured of the injured person or the owner of the property damaged:

Family member  Employee  Customer of the insured

Customer of tenant  Tenant  Other (specify) \_\_\_\_\_

## COMPLETE SECTIONS 1, 2 AND/OR 3 AS APPLICABLE

### 1. Injured person

- (a) Name \_\_\_\_\_ Age \_\_\_\_\_ yrs.  Male  Female
- (b) Address \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_
- (c) Occupation \_\_\_\_\_ Employer \_\_\_\_\_
- (d) Obvious pre-existing physical impediments \_\_\_\_\_
- (e) What is the nature of the injuries? \_\_\_\_\_
- (f) Was it necessary to call for immediate assistance?
- YES – if YES, state whether a doctor or ambulance attended \_\_\_\_\_
- NO – if NO, state name of doctor or hospital \_\_\_\_\_

### 2. Property damaged

- a. Give the following information about the owner of the damaged property:
- Name \_\_\_\_\_
- Address \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_
- b. Describe the damaged property \_\_\_\_\_
- c. Describe the nature of the damage \_\_\_\_\_
- d. What is the estimated cost of repair or replacement? \$ \_\_\_\_\_

### 3. If personal injury and/or property damage connected with your product

- a. State the name of the product \_\_\_\_\_
- b. Describe the use or purpose of the product \_\_\_\_\_
- c. When was the product sold? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- d. When was the problem discovered? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- e. What was the nature of the problem? \_\_\_\_\_  
\_\_\_\_\_
- f. When was the last alteration to the design or formula? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- g. Indicate your responsibility for the product by ticking the appropriate box below and answering the questions that follow:
- SELLER: State the distributor's name \_\_\_\_\_  
and address \_\_\_\_\_
- DISTRIBUTOR: State the manufacturer's name \_\_\_\_\_  
and address \_\_\_\_\_
- MANUFACTURER: Was the problem caused by an error or fault in:
- i) design or formulation?  NO  YES
- ii) a component supplied by you?  NO  YES
- iii) manufacture?  NO  YES
- iv) other circumstances not shown above (please specify) \_\_\_\_\_  
\_\_\_\_\_
- h. Have you issued a notice of recall?  NO
- YES – if YES, state the details or recall \_\_\_\_\_  
\_\_\_\_\_

## Privacy statement

GIO General Limited is a Suncorp company.

Suncorp is an Allfinanz group offering many different categories of financial products and services in banking, insurance, investments, and advice on financial services.

We need to collect personal information from our customers so we can:

- set up and administer a product for the customer;
- determine a customer's requirements and provide the appropriate product or service;
- assess a claim made by a customer under one or more of our products;
- assess our customers and their needs;
- improve our financial products and services.

Without this information, we cannot provide the product or service.

### **Protecting the privacy of our customers is a key part of our normal operations.**

As one of a number of companies that form the Suncorp group, we provide personal information about a customer to all the related companies within this group. We do not disclose personal information to any outside third party organisation, unless it is contracted to Suncorp to provide administrative services or activities on our behalf. In this case, we make sure that the third party is bound by the same privacy rules we follow.

Sometimes, Suncorp might use personal information to make product related material on a range of financial products and services available to our customers. A customer may elect not to receive product related material or change their mind at any time about receiving product related material by calling 13 10 10.

A customer may:

- access the personal information that we hold about them;
- get more information about Suncorp;
- obtain a copy of our Privacy Policy;

by calling 13 10 10, or contacting us at [gio.com.au](http://gio.com.au) or by visiting any of our branches.

### **Declaration**

I/We \_\_\_\_\_ of \_\_\_\_\_

- declare that the above information is a true and correct and that I/we have not concealed any material particulars which should be known to the insurer.
- I give authority to GIO General Limited to get information in relation to insurance matters or claims history from other insurance companies, or an insurance reference bureau or similar organisation.
- I agree to GIO collecting, using and disclosing my personal information, including sensitive and health information if applicable, in accordance with the Privacy Statement included in this document and the Suncorp Privacy Policy.

Witness \_\_\_\_\_

Signature of Insured \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_

**Postal Address:** **Commercial Claims**  
GPO Box 3999  
SYDNEY NSW 2001

Phone 13 14 46  
Facsimile (Property Claims) 02 9249 8302  
Facsimile (Injury Claims) 02 8296 6793  
Email [commercialclaims@gio.com.au](mailto:commercialclaims@gio.com.au)