



Liability Claim Form

Policy Number: _____ Type of Policy: General Property Public Liability Negligence Studio

Personal Details

Surname: _____

Given Name(s): _____

Address: _____ Suburb: _____

City / Town: _____ Postcode: _____

Email Address: _____ Contact Phone Number: _____

Policy Details

Policy Type: Public Liability Employers Liability Statutory Liability Employment Liability Consequential Loss
 Professional Indemnity Directors & Officers Associations Liability Trustees Liability Other

Policy Number: _____ Limit of Liability: (as per your schedule) \$ _____ Excess: \$ _____

Third Party Details

Claimant Name: _____

Does the Claimant have a direct or indirect financial interest in you or your business? Yes No

If Yes, please specify: _____

Is the claimant related to you in any way? Yes No

If Yes, what is their relationship to you: (ie. Brother, sister) _____

Relevant Dates

Date the accident/possible error occurred giving rise to complaint, claim or possible claim: _____ / _____ / _____

Date the complaint, claim or intimation of claim first made: _____ / _____ / _____

Date You/the Insured first became aware of the complaint, claim or possible claim: _____ / _____ / _____

If you were aware of the existence of a complaint, claim or possible claim prior to insuring with Western Pacific Insurance Limited have you advised the previous Insurer? Yes No

Past Losses and Current Claims

Please list below all losses or circumstances (whether or not resulting in claims) paid or outstanding during the past five (5) years

Year of Loss	Description of Loss	Amount Paid \$	Amount Outstanding \$

