

PUBLIC LIABILITY CLAIM (Incident Report Form)



Use this form to report:

1. Any accident which has caused property damage to third party property.
2. Any accident which has the potential to result in a property damage claim.

Important Note

- Liability must not be admitted for any loss or damage.
- You must notify the Company immediately if you receive any approach from any claimant.

Name of Insured	<input type="text"/>		
Postal Address	<input type="text"/>		<input type="text"/>
			Postcode:
Residential Address (if different from above)	<input type="text"/>		<input type="text"/>
			Postcode:
Occupation	<input type="text"/>		
Name of Employer	<input type="text"/>		
Private Telephone	<input type="text"/>	Work Telephone	<input type="text"/> (complete only if appropriate to contact you during work hours)
Policy Number	<input type="text"/>		

Details of Accident (If a question does not apply, write N/A)

Date of Incident/Accident Time AM / PM

Place/Address

State precisely how the accident happened

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Who do you consider was responsible for the accident and why?

<input type="text"/>
<input type="text"/>

Please complete the additional details on the reverse side of this form, carefully read the declaration and sign the form.

Names and Addresses of Witnesses

Estimated Cost \$

Details of Claimant and Property Damaged

Name of Claimant

Address
 Postcode:

Is the claimant your agent, a relative, or in your service or household? Yes No

Has a claim been made against you? Yes No

If so, please give details or attach correspondence

Particulars of property damaged

Was the property damaged under your care/custody or control? Yes No

Had you previously agreed to be responsible for any such damage? Yes No

Who owns the damaged property?

Is the damaged property insured by any other person/party? Yes No

If yes, please state the name of the insurance company

Privacy Act 1993

Pursuant to the Privacy Act 1993 the following is brought to your attention:

- This Claim Form collects personal information about you
- The information is collected to evaluate your claim
- The intended recipient of the information is Allianz NZ Ltd
- The information is being collected and held by Allianz NZ Ltd of PO Box 794, Auckland
- The collection of this information is required pursuant to the terms of the insurance policy and is mandatory
- You do have rights of access to, and correction of, personal information subject to the provisions of the Privacy Act 1993
- The failure to provide this information may result in your claim being declined.

Declaration – Signature

I/We declare that:

- All the particulars stated above, and any statements made in support, are true and correct
- No information relevant to the claim has been withheld.

I/We authorise

- the disclosure of my/our personal information held by other parties relating to this claim
- disclosure by Allianz NZ Ltd of my/our personal information regarding this claim to:
 - i other members of the insurance industry; and
 - ii parties repairing or replacing the subject matter of the claim; and
 - iii parties who have a financial interest in the subject matter of the claim.

Signed on behalf of all insureds

Dated

Title/Position