



PUBLIC LIABILITY CLAIM FORM

Issuing Office:
FMG Insurance
PO Box 828
ALBURY NSW 2640

INSURER: Farmers' Mutual Insurance Limited
(ARBN 063 244 995) incorporated in New Zealand
Phone: 02 6041 2611
Fax: 02 6021 4435
Email: aust.claims@fmg.co.nz

Warning: Failure to supply true or correct information may result in your claim being declined.

OFFICE USE ONLY

Claim No.: Client No: Policy No:.....
Issue Date: Limit of Liability: \$

TO ALLOW US TO SETTLE YOUR CLAIM AS QUICKLY AND EFFICIENTLY AS POSSIBLE:

1. Please fully complete the claim form and any other questionnaires that may be attached. The posting of this form by the insurer does not constitute admission of liability.
2. Please forward without delay any letters of demand or any other correspondence you may receive in connection with your claim.
3. Send all of the above to our office for settlement or further instructions.

PLEASE NOTE

NO LIABILITY OF ANY SORT MAY BE INCURRED OR ADMITTED, NOR ANY OFFER OR PROMISE OF PAYMENT MADE DIRECTLY OR INDIRECTLY UNLESS AUTHORISED BY THE COMPANY.

SECTION 1: DETAILS OF INSURED

1. Full Name:

2. Full Address:
.....
Telephone Nos: Business: Private:
Fax: Mobile:
Email:

3. Business, Trade:.....

4. Business Address (State if more than one):.....
.....

SECTION 2: GST DETAILS

1. Are you registered for GST Purposes?

No Yes → What is your A.B.N.?

2. Have you claimed or will you be claiming an input tax credit on the GST amount applicable to this policy?

No Yes → Is the amount claimed less than 100% No Yes → Specify the percentage
of the GST applicable to the premium? amount claimed.....%

3. Are you entitled to claim an input tax credit for repairs or replacement of the damaged item(s)?

No Yes → Is the amount claimable less than 100%? No Yes → Specify the percentage
amount claimed.....%

SECTION 3: DECLARATION OF LOSS

IMPORTANT REMINDER: NO LIABILITY OF ANY SORT MAY BE INCURRED OR ADMITTED, NOR ANY OFFER OR PROMISE OF PAYMENT MADE DIRECTLY UNLESS AUTHORISED BY THE COMPANY.

1. When did the Accident occur: Atam/pm on

2. When and by whom was the accident reported to you?.....
.....
.....
.....

3. Exact location of Accident:.....
.....
.....

4. Full details as to how the Accident occurred:.....
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.....
.....

5. What is the nature and extent of the damage?
.....
.....
.....

6. Names and Addresses of witness of Accident:

Name: Address:.....
Name: Address:.....
Name: Address:.....
Name: Address:.....

7. Name and Address of Owner of property damaged:

.....

8. (a) Name and Address of person considered to be at blame:

Name:.....

Address:

(b) Was this person working for you at the time of Accident: Yes No

If so, in what capacity (Employee, Contractor, Share-farmer, Agent, etc.)?

9. Has any communication, verbal or written, been made to you by or on behalf of the Owner or Property damaged?

If so, give particulars (any written communication must accompany this form):

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10. Have any steps been taken to compromise or settle the matters in any way? If so, what, and by whom?

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DIAGRAM (If applicable)

SECTION 4: THE PRIVACY ACT 1988

The Privacy Act 1988 requires us to tell you that we are collecting personal and other information so that:

- We can process your claim.
- We can calculate your loss.
- Determine our liability.
- Compile information for future product development.
- Handle your claim efficiently.

This may also mean that we are required to disclose your personal and other information to third parties such as other insurers, assessors, investigators, agents, or as required by law.

You have the right to have access to your personal information at anytime and to correct this information if required. This can be done by contacting us on (02) 6041 2611 during normal office hours.

SECTION 5: DECLARATION

I/We declare that the information provided is true and correct.

I/We acknowledge that I/we have read and understood the information concerning the Privacy Act 1988, detailed above. I/we agree for FMG Insurance to collect, store, use, and disclose my/our personal and sensitive information. I/we acknowledge that the collection of this information is a requirement to allow FMG Insurance to process my/our claim.

Insured's Signature Date