

Please reply to:
WFI

OFFICE USE ONLY

Policy:
Expiry:
Loc: Risk:
Claim #: XS:
Date C/F sent: / /
Officer: Assr:



WESFARMERS FEDERATION
INSURANCE LIMITED
A.B.N. 18 009 027 221
Truly Australian

LEGAL LIABILITY CLAIM REPORT

- Note:
1. To be completed and signed by the insured.
 2. The issue or acceptance of this claim report is not an admission of liability by the company.
 3. If there is not enough space for your answer to any of these questions please attach a separate sheet of paper with the question number or subject shown. Any attachments will form part of this claim report and the declaration will include them.
 4. If you require assistance please call us at the above location.

PRIVACY: Personal information provided to us in this document will only be used by us to deal with this claim and your future insurance arrangements with and claims you might make on us. We will only pass the information to persons outside WFI if they are assisting us with the above matters or we are required by law to do so or you consent to our doing so.

INSURED

Full name of insured: _____

Trading name: _____

Do you have an Australian Business Number? Yes No If yes, your A.B.N.: _____ and

ITCE %: _____ must be provided. The ITCE % is the percentage of the GST charge on the premium for the policy on which this claim is made and for which the insured is entitled to claim as an Input Tax Credit Entitlement.

The information you provide about Australian Business Number is your declaration to us as required by legislation. If you do not provide the information, your claim may be delayed until you do so.

Postal address: _____ Postcode: _____

We may need to contact you. Please detail and indicate your preferred methods by in the appropriate boxes.

Private: _____ Business: _____ Mobile: _____

Fax: _____ Email: _____ By post:

Policy number: _____ Risk number: _____ Current to: _____

1. Exactly where did the occurrence happen?	_____
2. When did the occurrence happen?	Date: _____ Day: _____ Time: _____ am/pm
3. When was the occurrence reported to you?	Date: _____ Day: _____ Time: _____ am/pm
4. Explain fully what happened to cause the occurrence.	_____ _____ _____
5. Give details of any damage to property including costings where available.	_____ _____ _____
6. Give details of personal injuries.	_____ _____ _____
7. Name, address and ☎ of: a. any person(s) injured, or b. the owner of the property damaged.	Name: _____ Address: _____ ☎: _____

8. Give details including the registered number of any self propelled or other vehicle(s) involved in the occurrence.	
9 Describe any plant or equipment involved in the occurrence.	
10. Were there any contractual or other arrangements, either verbal or written, between you and any other party that may have relevance to or give rise to this claim?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, you are required to provide full particulars and a copy of any written agreement
11a. Are you of the opinion that the occurrence was caused or contributed to by the fault or negligence of any person?	a. Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give name: _____ Address: _____ ☎: _____ Why? _____
11b. Was the person in your employ?	b. Yes <input type="checkbox"/> No <input type="checkbox"/>
11c. Was the person qualified to perform the work undertaken?	c. Yes <input type="checkbox"/> No <input type="checkbox"/> Qualifications: _____
11d. Did the person admit responsibility?	d. Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give details: _____
12. Had you taken any special steps to avoid this type of occurrence?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give details: _____
13. Have you received notice of any claim? (Enclose documents)	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give details: _____
14. Were the police: a. informed of the occurrence; b. did they attend; If so, supply details.	a. Yes <input type="checkbox"/> No <input type="checkbox"/> b. Yes <input type="checkbox"/> No <input type="checkbox"/> Station: _____ Report/File No.: _____
15. Has any police or other regulatory body action been taken or is any such action contemplated against any person(s) as a result of the occurrence or the circumstances which gave rise to it?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give details: _____
16. Were there any witnesses to the occurrence.	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give names, addresses and ☎. If names were not taken, state reasons why: _____
17. Do you hold any other insurance for public liability?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give details: _____

The following additional questions are to be answered if the claim arises from your ownership of property

18. Name, address and ☎ of your Tenant.	Name: _____ Address: _____ ☎: _____
19. Nature of tenancy (a copy of agreement is to be attached).	_____ _____
20. Rental charge per month.	_____
21. What is the name, address and ☎ of your Agent?	Name: _____ Address: _____ ☎: _____
22. Had any notice of defect been given to you or your agent?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes: a. when was notice given? _____ b. what was the defect? _____ c. what steps were taken to remedy the defect? _____

The following additional questions are to be answered if the claim arises from your products

23. What are the products involved?	_____
24. Were the products:	Manufactured <input type="checkbox"/> Distributed <input type="checkbox"/> Imported <input type="checkbox"/> by you?
25. If the answer to 24, is distributed or imported then provide details of supplier	Name: _____ Address: _____ ☎: _____ Contact: _____
26. Were the goods exported by you?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, indicate to whom: Name: _____ Address: _____ ☎: _____ Contact: _____
27. Were the products sold under anybody else's name or label?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give details: Name: _____ Address: _____ ☎: _____ Contact: _____ Label Name: _____

DECLARATION

I/We declare the foregoing particulars to be true in every respect and that no information has been exaggerated, omitted or withheld.

Signature of insured: _____ Date: _____ Witness: _____ Date: _____

Please indicate the number of additional pages attached to this claim report: