

CEMAC Contractor's Combined Public and Products Liability Claim Form

(The issue or acceptance of this form is not to be construed as an admission of liability by Lumley General Insurance).

Please complete all questions to prevent processing delays

Policy Number: Claim Number:

Contact Name: Insured:

Contact Telephone No.

Postal address:
Postcode

Telephone Home Number: Telephone Work Number:

Goods and Services Tax (G.S.T.)
 To ensure that you do not incur any unnecessary GST Liabilities on this claim settlement please advise:

(a) Your Australian Business Number (A.B.N.) if applicable

(b) Any entitlement you have to an Input Tax Credit %

Site or place of accident address:
Postcode

Date of loss: / /

(a) Did Injury to third parties occur? Please tick

| | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |

Contact name of injured person:

Postal address:
Postcode

Contact Telephone Number:

Was injured person working on site? YES NO

Date of Injury: / / Time of accident: / /

Was hospitalization required? YES NO

What happened?

Please tick
YES NO

What injuries were sustained? _____

Do you consider anyone else to be responsible for injury (if so why?) _____

(b) Did third party property damage occur? _____

Contact name of third party: _____

Postal address: _____

Postcode

Date of accident: _____ / _____ / _____

_____ / _____ / _____

Time of accident: _____

What happened? _____

What was the damage? _____

What is the estimated amount of damage \$ _____

Do you consider anyone else to be responsible for damage (if so why?) _____

(c) Please give names and addresses of any witnesses:

Contact Name: _____

Contact Telephone No. () _____

() _____

Postal address: _____

Postcode

Did workcover attend? _____

Privacy

Lumley General Insurance Limited respects your privacy and complies with the Privacy Act and the National Privacy Principles. A copy of our Privacy Statement is available at any of our offices.

Complaints - Internal and External Complaints Procedure

If you do not agree with any decision we make in relation to your insurance, please write to us stating what you disagree with and why. We will then either resolve or attempt to resolve your complaint immediately or refer the matter to our Internal Dispute Resolution Committee (IDRC)

If you are not satisfied with a claim decision by the IDRC, the matter may be referred to an independent alternate dispute resolution body, "Insurance Enquiries and Complaints Limited" provided it falls within their jurisdiction.

Declaration and Signature

I/we certify that the information given in this claim form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/we understand that this claim may be refused in whole if the information is untrue, inaccurate or concealed.

Signature _____

Date _____ / _____ / _____

_____ / _____ / _____

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New South Wales Lumley House, Level 9, 309 Kent Street, Sydney NSW 2000 Phone (02) 9248 1111 Fax (02) 9248 1122 ... **Newcastle** 50 Glebe Road, The Junction NSW 2291 Phone (02) 4925 7500 Fax (02) 4940 0295 ... **Victoria** Level 3, 99 King Street, Melbourne VIC 3000 Phone (03) 8627 4333 Fax (03) 8627 4312 ... **Australian Capital Territory** Level 7 Garema Court 148-180 City Walk, Canberra City ACT 2601 Phone (02) 6279 0333 Fax (02) 6279 0330 ... **Tasmania** 27 Paterson Street, Launceston TAS 7250 Phone (03) 6331 5844 Fax (03) 6331 1370 ... **South Australia** 465 Pulteney Street, Adelaide SA 5000 Phone (08) 8228 1700 Fax (08) 8228 1777 ... **Northern Territory** 84 Woods Street, Darwin NT 0800 Phone (08) 8941 7998 Fax (08) 8941 7950 ... **Western Australia** 50 St George's Terrace, Perth WA 6000 Phone (08) 9220 8222 Fax (08) 9220 8251 ... **Queensland** 307 Queen Street, Brisbane QLD 4000 Phone (07) 3231 4800 Fax (07) 3231 4899 ... **Townsville** Northtown Tower, Flinders Mall Townsville 4810 Phone (07) 4722 6000 Fax (07) 4724 4398