

CEMAC contractor's combined public and products liability claim form



Wesfarmers General Insurance Limited, ABN 24 000 036 279



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 Home 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? YES NO

Contact name of injured person:

Postal address:

Postcode

Contact Telephone Number: ()

NSW	Lumley House, Level 9, 309 Kent Street, Sydney 2000 Suite 19, 50 Glebe Road, The Junction 2291	Phone (02) 9248 1111 Phone (02) 4925 7500	Fax (02) 9248 1122 Fax (02) 4940 0295
VIC	Level 3, 99 King Street, Melbourne 3000	Phone (03) 8627 4333	Fax (03) 8627 4312
ACT	Level 4, 10 Rudd Street, Canberra City 2601	Phone (02) 6279 0333	Fax (02) 6279 0330
TAS	Level 11, 27 Paterson Street, Launceston 7250	Phone (03) 6345 4700	Fax (03) 6345 4711
SA	465 Pulteney Street, Adelaide 5000	Phone (08) 8228 1700	Fax (08) 8228 1777
WA	Level 9, 50 St George's Terrace, Perth 6000	Phone (08) 9220 8222	Fax (08) 9220 8251
QLD	Level 2, 99 Melbourne Street, South Brisbane 4101 Level 5, Northtown Tower, Flinders Mall, Townsville 4810	Phone (07) 3307 4800 Phone (07) 4722 6000	Fax (07) 3307 4899 Fax (07) 4724 4398
NT	Level 2, Beagle House, 38 Mitchell Street, Darwin 0800	Phone (08) 8946 4600	Fax (08) 8946 4666

Lumley Insurance is a trading name of Wesfarmers General Insurance Limited

Please tick
YES NO

Was injured person working on site?

Date of Injury: Time of accident:

Was hospitalization required?

What happened?

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 injury (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 International 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 of Insured

Date (dd/mm/yyyy)