

**products  
liability**  
insurance



claim report

# products liability



*Insurer*  
**CGU Insurance Limited**  
ABN 27 004 478 371

## Please retain this page for your information

### ABOUT YOUR CLAIM

- ◆ We will contact you as quickly as possible about your claim.
- ◆ If someone else involved in the accident contacts you about a claim, or for information, refer the person to your local CGU Insurance office.
- ◆ If you receive a writ or summons, or anything else from a legal firm, please forward it to us immediately.
- ◆ We need to handle everything related to your claim.
- ◆ Please refer to your policy booklet for more information about how your claim will be handled.
- ◆ If you have any questions about your claim, please contact your local CGU Insurance office. The telephone numbers are:

Adelaide	(08) 8405 6300	Perth	(08) 9254 3600
Brisbane	(07) 3135 1900	Sydney	(02) 8224 4000
Launceston	(03) 6345 3500	Ballarat	(03) 5329 4100
Melbourne	(03) 9601 8222	Newcastle	(02) 4935 7100

### How you can resolve a dispute with us

Our dispute resolution system is free and works like this:

1. Please advise the staff at your local CGU Insurance office (phone numbers above) if you are dissatisfied with:
  - our decision on your claim,
  - our handling of your claim,
  - the services of our loss adjuster or investigator.
2. The staff member will try to resolve the problem.
3. If unable to resolve it, the staff member will refer it to the supervisor or manager for attention. A decision concerning your complaint will be made within 15 business days of receipt.
4. If this fails to resolve your problem, you may request that the problem be referred to our internal dispute resolution staff. They will investigate the dispute and try to reach a satisfactory outcome with you, normally within 15 business days of the date you requested a referral.
5. Brochures outlining our internal dispute resolution process are available from your nearest CGU Insurance office.



11. List any witnesses

**Witness no. 1**

Full name

Telephone no.

Address

Postcode

**Witness no. 2**

Full name

Telephone no.

Address

12. Did the police attend the accident?

No

Yes

Officer's name

Name of station

13. Have you received a claim from the injured person, or the owner of the damaged property?

No

Yes

Attach any correspondence relating to this claim.

14. What is your relationship to the injured person, or the owner of the damaged property (e.g. employee, customer)?

**Injury details**

15. a) Name and address of injured person

Name

Address

Postcode

b) Occupation

Employer

c) Age

Private telephone no.

Business telephone no.

16. What were the injuries?

17. Was medical assistance necessary?

No

Yes

Doctor

Ambulance

Hospital

Name of doctor or hospital

## Property damage details

18. Name and address of the owner of the damaged property

Name

Address

 Postcode

19. Describe the property and the damage


20. Estimated cost of repair or replacement

 \$

## Product details

21. State the name of the product(s)

22. Describe the use or purpose of the product(s)


23. When was the product(s) sold?

 / /

24. When was the fault discovered?

 / /

25. What was the nature of the fault?


26. When was the last alteration to the design or formula?

 / /

27. Indicate your responsibility for the product(s) by ticking the appropriate box and answering the following questions:

**MANUFACTURER**

a) Was the fault caused by

an error or fault in

i) design or formulation?

No  Yes  State the nature of the fault


ii) a component supplied to you?

No  Yes  State the name and purpose of the component


Supplier's name

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Supplier's address

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iii) manufacture?

No  Yes  State the details of the manufacturing fault


other circumstances not shown above (please specify):


b) Have you issued a notice of recall?

No  Yes  State the details of recall:


**DISTRIBUTOR**

Manufacturer's name

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Manufacturer's address

	Postcode
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
**SELLER**

Distributor's name

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Distributor's address

	Postcode
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Please complete the declaration on the opposite page 

## Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

I consent to CGU Insurance using my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however, CGU Insurance may not be able to process my claim.

\* I consent to CGU Insurance disclosing my personal information to other insurers, an insurance reference service or as required by law. I consent to CGU Insurance also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

**Signature of the insured or person with authority  
to sign for and on behalf of a company or partnership**

**Date**

*\* This consent only applies when a claim is submitted in relation to a policy issued to the individual, not a company or business.*

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

**When complete, please forward this application to:**

- CGU Insurance, GPO Box 9902 in the capital city of your state or
  - our agent or your broker or
  - your local CGU Insurance office.



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