

Public Liability Insurance Claim Form



Claim Number
(office use only)

How to get quick action on your claim

We will act on your claim as soon as we receive this form.
You can help us to act quickly for you by:

- Completing all sections of this claim form
- Including any letter of demand, reports, or statements, etc, relevant to the occurrence.

The purpose of this form is to report:

- Any occurrence which has resulted in personal injury/property damage/advertising liability;
- Any occurrence which may give rise to a personal injury/property damage/advertising liability claim.

Churches of Christ Insurance

Email: hello@cofcinsurance.org.au

Website: <https://www.cofcinsurance.org.au/for-members/making-a-claim/>

Phone: 03 9488 8841

IF THERE IS INSUFFICIENT SPACE FOR ANSWERS PLEASE ATTACH FURTHER DETAILS.

Your details

Client's name (Church, School, Organisation, etc)

Contact Person: Title

Surname

Given name/s

Address

Postcode

Phone: Work

Mobile

Fax

Client number

Email

Date and time of occurrence

Time

am

pm

Where did the occurrence happen?

Give an account of how the occurrence happened (see Page 4 regarding sketch)

Claimant's details (person making the claim)

Title

Surname

Given name/s

Address

Postcode

Phone: Work

Home

Mobile

Email

Date of birth (dd/mm/yyyy)

 / / Age

Give full details of injuries sustained/property damage/advertising liability

Give names of any witnesses

1. Name

Address

Postcode

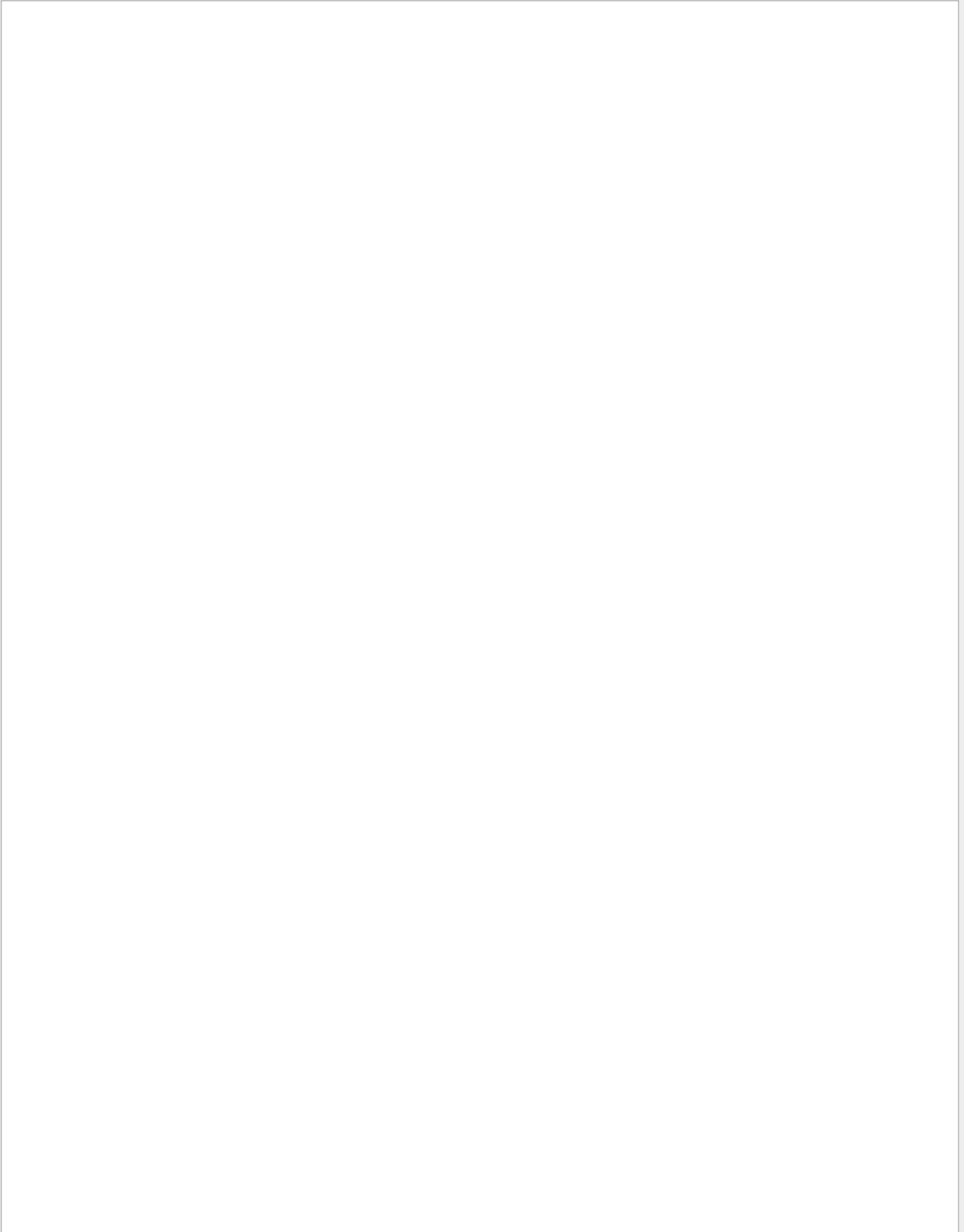
2. Name

Address

Postcode

Sketch (if applicable)

Please use the space below for a brief sketch of the area where the incident/damage occurred with particular reference to adjacent building, streets, pathways, gates, doors, trees, play equipment, obstructions, lighting poles, etc. (as appropriate). If possible, please also include a photograph(s) of the relevant area.



Privacy

We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs). Our Privacy Policy explains how we collect, use, disclose and handle your personal information as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs. A copy of our Privacy Policy is located on our website at www.ccinsurance.org.au

General insurance code of practice

CCI is a signatory to the General Insurance Code of Practice. The Code is designed to set minimum standards of practice and service in the insurance industry. Further information about the Code can be obtained from www.codeofpractice.com.au

Complaints and dispute resolution

If you are unhappy with our service, a decision or the process, you may make a complaint in accordance with our complaints handling procedure. Details of our insurance complaints handling procedure can be obtained from our website at www.ccinsurance.org.au

Declaration

I declare that the above statements are true and correct, and to the best of my knowledge and belief.

Signed

Date

 / /

Please print name

Occupation

For (Church, School, Organisation, etc)

Upon completion of the claim form please return to:
hello@cofcinsurance.org.au