



PUBLIC LIABILITY CLAIM FORM



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A. NOTES

1. Please read this Claim Form fully before answering the questions.
2. No admission of liability or agreement or payment of any amounts to any person/Company/Entity/Corporation without the consent of the Company is a breach of a condition of this policy and will void any possible claim
3. The claim form is to be completed and signed by a partner, director or principal of the insured.
4. All questions must be answered as fully as possible. Please use additional sheets if necessary and copies of relevant documentation should be attached.
5. If you have any questions in relation to completion of the claim form, please contact your insurance advisor or broker.
6. Please send the completed claim form, as soon as possible, to your insurance advisor or broker.
7. Appointment of legal representatives should not occur without the prior consent of TransPacific Assurance Limited

NOTE: No liability of any sort shall be admitted nor any offer, promise or payment made by the assured to claimants nor legal expenses incurred without the written consent of the company who shall be entitled if it so desires to take over and conduct on the name of the assured the defence of any action, or to prosecute any claim or indemnity or damages or otherwise against any third party.

The assured also undertakes to send to the company as soon as possible, all claims letters, summonses or writs relating to any accident address to the assured or to the assureds or servants by the authorities or parties.



B. INSURED DETAILS

- 1. Name of Insured
- 2. Address
..... Postcode
- 3. Private Tel No..... Business Tel No
- Mobile Tel No..... Fax No.....
- 4. Email
- 5. Occupation

C. DETAILS OF CLAIM / CIRCUMSTANCES

- 1. Date of Incident/...../.....
- 2. Between the hours ofam/pm
- 3. Address where incident / loss occurred
..... Postcode
- 4. Give full details of how the incident / loss occurred
.....
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D. PERSON RESPONSIBLE FOR INCIDENT / LOSS

- 1. Full Name
- 2. Address
..... Postcode
- 3. Name of his / her Employer
- 4. Address of his / her Employer
..... Postcode
- 5. Describe the work you or your employees were engaged to do
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.....
.....
.....
.....
.....
.....
.....
.....
- 6. Total number of staff employed for the contract
 - a. Direct Employees
 - b. Sub-Contractors under your direction (whether labour only or not)

E. DETAILS OF COMPANY / PERSON YOU WERE WORKING FOR / CONTRACTED TO

- 1. Name
- 2. Address
..... Postcode
- 3. Who was the Main Contractor



F. DECLARATION

I/We declare that:

The information and answers given above are correct to the best of my/our knowledge and belief.

I/We understand the claim may be refused or reduced if information is withheld.

I/We authorise Trans Pacific Assurance Limited to disclose information contained herein to Trans Pacific Assurance Limited advisors, reinsurers, and other insurers. I/We authorise Trans Pacific Assurance Limited to obtain from any other party information that is, in Trans Pacific Assurance Limited's view relevant to this claim

Signature of Insured

Date/...../.....



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THE INTELLIGENT INSURER