



PLEASE READ CAREFULLY BEFORE COMPLETING

Underwritten By:
Lumley General
Insurance Limited
ABN 24 000 036 279

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 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 Enquires and Complaints Limited” provided it falls within their jurisdiction.

Privacy

Lumley General Insurance Limited respects Your privacy and complies with the Privacy act and the National Privacy Principles. Parks Insurance Pty Ltd adopts Lumley General Insurance Limited Privacy Statement. A copy of which is available at any Lumley Offices, Parks Insurance Pty Ltd office or our Web site. www.parksinsurance.com.au



PUBLIC & PRODUCT LIABILITY CLAIM FORM

The issue of this form is not an admission of liability

IMPORTANT INFORMATION

ARE YOU REGISTERED FOR GST? YES NO

ABN Number:

To what extent are you entitled to claim an Input

Tax Credit on your insurance premiums? %

Tax Credit on property which is subject of claim?%

NOTE: This form is to be completed by the Insured only, not the Third Party

Policy No. _____ Renewal Date: _____

Name of Insured: _____

Address: _____

State: _____ Post Code: _____ Telephone: (H) () _____ (W) () _____ (M) _____

Date of Occurrence: / / Time: : am/pm

Business or Trade: _____

Exact Place of Occurrence: _____

Suburb: _____ State: _____ Post Code: _____

Name of person (s) injured or owner (s) of property lost/damaged: _____

Address: _____

Suburb: _____ State: _____ Post Code: _____

State exactly what happened and how it occurred: _____

Did you admit Liability in any way? **Yes / No**

Witness/es, Name: _____

Address: _____

Any estimate available for damaged property: **Yes / No**

If yes, please provide details: _____

State nature of personal injury or loss or damage sustained: _____

Has a report of personal injury and/or personal damage been made to you by a

Third Party Claimant?

Yes / No

If yes, by whom and when: _____

Have any claims been made on you either verbally or in writing?

Yes / No

If yes, please give full details and enclose any Third Party correspondence: _____

Have you any other information of which you consider we should be made aware of?

Complete summary below and include copies.

Name of persons to contact to obtain further information. Please provide name and phone number if different from insured. _____

DECLARATION:

I hereby declare that the foregoing particulars are true and correct to the best of my knowledge and belief.

Date: / /

Signature of Insured: _____

Position held within Company: _____

NB. YOU ARE REMINDED THAT IN NO CIRCUMSTANCES SHOULD YOU ADMIT ANY LIABILITY OR MAKE ANY OFFER OR ENTER INTO ANY CORRESPONDENCE IN CONNECTION WITH ANY INCIDENT WHICH MAY RESULT IN A CLAIM UNDER YOUR POLICY.

Incident Report

(complete and fax to broker all liability incidents)

The following questions need to be completed at the time any incident for property damage or personal injury is notified to the Caravan Parks office.

- 1) Who reported the Incident? _____
- 2) Time of Incident _____
- 3) Date of Incident _____
- 4) Date of arrival _____
- 5) Who was in control of the equipment involved in the accident? _____
- 6) How long was the area known to the claimant? _____
- 7) How did the incident occur? _____
- 8) Weather conditions _____
- 9) Location of incident _____
- 10) Witnesses name _____
- 11) Address _____
- 12) Phone number _____
- 13) Were the police called? _____
- 14) Detail any personal injuries sustained? _____

The Do's and Do-nots

- Do offer assistance that may help defuse any future problems.
- Do offer complimentary stay in light of the unfortunate accident if a release form is signed
- Do pass on to the insurers any information received in relation to the incident
- Do make a note in the Diary at the time the incident is reported
- Do not distance yourself from the injured party.
- Do not ignore any incident no matter how ridiculous they may seem.
- Do not, at any time admit liability.

On File

Things to keep on file as they will be requested by the insurers if a claim eventuates.

- 1) A report of all witnesses (preferably signed).
- 2) Photos of the scene.
- 3) Accurate statement by the person who reported the incident.
- 4) Statement as to what was said by the injured party
- 5) All particulars relating to person involved eg Tourist, Home address,