

Public Liability Insurance Claim Form

The purpose of this form is to report:

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

Please assist us by completing all sections of this form. This will enable us to respond to your claims more quickly. The completed form should be returned to our office as soon as possible together with any letter of demand, reports, or statements, etc, relevant to the occurrence.

Section I

Client details

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

Contact Person

Address

Postcode

Phone

Fax

Mobile

Client Number

Email address

Date and time of occurrence

Time

am/pm

Where did the occurrence happen?

Did the personal injury/property damage/advertising liability occur during participation in, or attendance at, any WYD2008/DID08 or related event?

Yes No

Give an account of how the occurrence happened (see Section 2 regarding sketch)

Claimant's details (person making the claim)

Full Name

Address

 State Postcode

Phone

Mobile

Date of birth / / Age

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

Give names of any witnesses

1. Name

Address

 Postcode

2. Name

Address

 Postcode

Has a demand been made against you – if so please give full details

Please use this space for any further comment relevant to the occurrence

Declaration

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

Signature

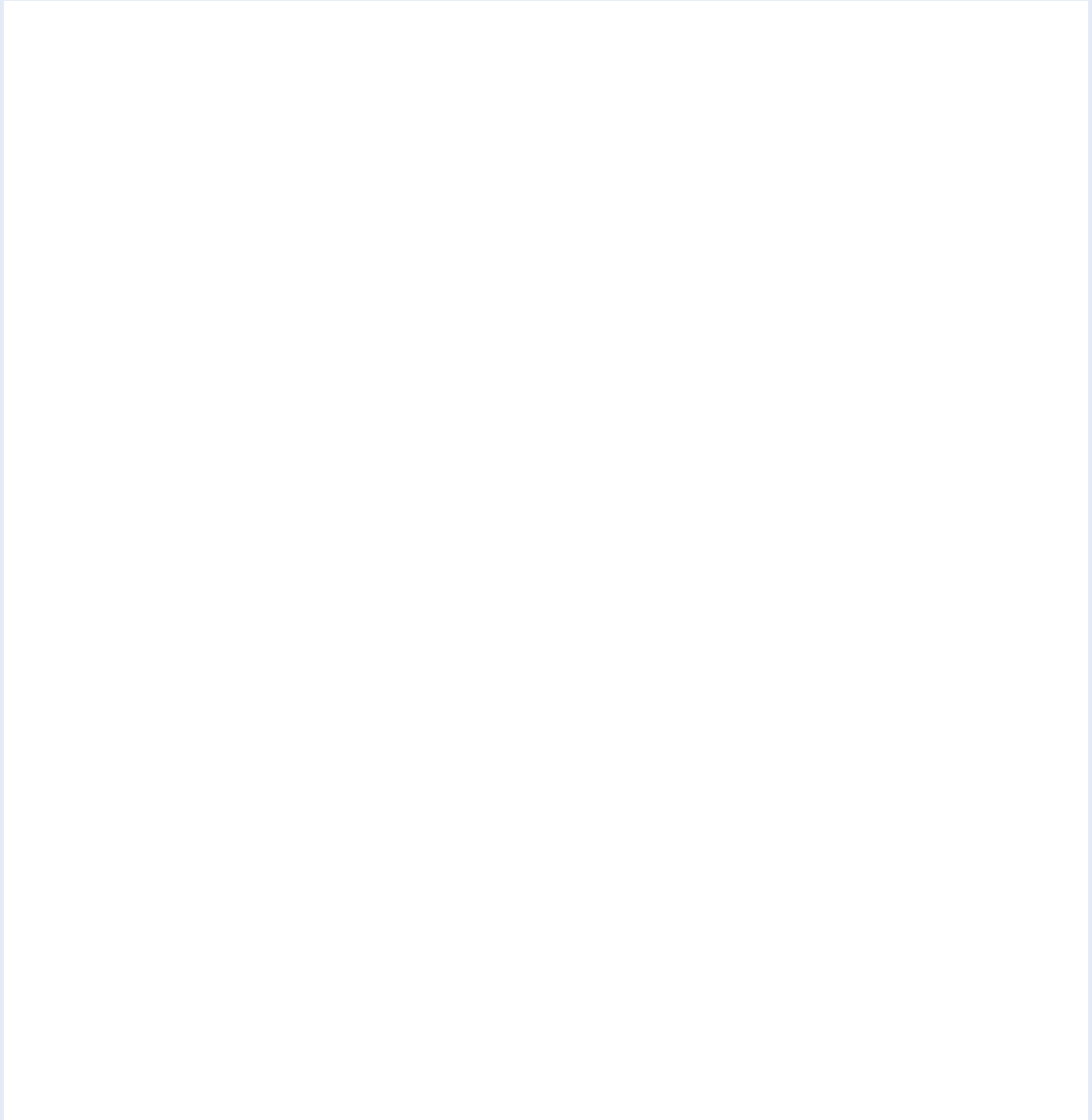
Date / /

Occupation

For (Church, School, Organisation, etc)

Section 2

Depending on the nature of the occurrence our assessment may be aided by a sketch of the location. Please use the space below for a brief sketch of the area where the incident/damage occurred with particular reference to adjacent buildings, streets, pathways, gates, doors, trees, play equipment, obstructions, lighting, poles, etc. (as appropriate).



Thank you for your cooperation

The issue of this form does not constitute an admission of liability on the part of the company.

General Insurance Code of Practice

The General Insurance Industry has developed a General Insurance Code of Practice for use by all insurers. Catholic Church Insurances has adopted and enthusiastically supports the Code because it:

- requires the provision of high standards of good practice and service
- requires the provision of more relevant and useful information to consumers
- promotes understanding of your rights and obligations under our insurance contracts
- promotes informed and effective relationships between consumers, insurers and agents
- provides a process for the resolution of disputes.

The Code sets out what we must do when dealing with you through all stages of our relationship. If you want more information about the Code please contact us or go to www.codeofpractice.com.au.

If we are unable to provide you with insurance cover, we will:

- give you reasons; and
- refer you to the Financial Ombudsman Service for information about alternative insurance options.

If you are unhappy about our decision, you may make a complaint in accordance with our complaints handling procedures.

How to make a complaint

If our service fails to satisfy you we would like to hear from you.

Our commitment to you is that:

- all complaints will be dealt with fairly, transparently and in a timely manner
- we will acknowledge a verbal or written complaint within 5 business days
- our response will take no more than 15 business days.

Our complaints handling policy can be obtained from our website or by requesting a copy directly from us.

Your complaint will be handled by a person with the appropriate authority to deal with your complaint.

If you are not satisfied with our response, you may refer the complaint to our Internal Disputes Resolution Committee. This committee is a group of senior persons with the authority to make a final decision on behalf of the company.

Once your dispute has been through our Internal Disputes Resolution Committee and if you are still not satisfied you can refer your complaint to the Financial Ombudsman Service. Contact details for the FOS are as follows:

The Financial Ombudsman Service
Freecall: 1 300 78 08 08
Post: GPO Box 3,
Melbourne, Victoria 3001
Email: info@fos.org.au
Website: www.fos.org.au

The FOS is an independent insurance review body. Please note that the FOS will not accept a complaint unless you have first tried to resolve the problem with us.

If you prefer, you may pursue other options that may be available to you, such as consumer tribunals or legal process.

Safeguarding your information – Privacy

Privacy Statement

Catholic Church Insurances has adopted the National Privacy Principles under the Privacy Act 1988. This supports our management philosophy promoting mutual trust, respect, equity and fair treatment.

Purpose of collection

We need to collect personal information about you which enables us to assess your application for new insurance, change your existing insurance, correct your details or determine a claim.

Use and disclosure

To assess a risk or process a claim we may disclose your personal information when necessary to others, including loss assessors, claims investigators, reinsurers, other insurance companies, financial institutions, government bodies, mail house service providers, hospitals, medical and health professionals, legal and other professional advisors. Where necessary we will always gain your consent.

From time to time we may offer you other insurance products apart from your original policy. If you do not wish to receive this information please advise us.

You may access, correct or update your personal information by contacting us at any time.

Failure to provide information

If you do not provide us with the requested personal information, we will not be able to consider your application or provide other insurance services.

If you have a Privacy issue, wish to obtain a copy of our Privacy Policy or make a complaint please contact us.

Upon completion of the claim form please return to:
Liability Claims GPO Box 180 Melbourne 3001

How to Contact Us

Mail	Catholic Church Insurances Limited GPO Box 180 Melbourne 3001
Email	claim@ccinsurances.com.au
Website	www.ccinsurances.com.au
Telephone	1 300 655 001
Facsimile	03 9934 3468