



## Claim Form

### Public Liability

Notification of claim or circumstances out of which a claim may arise.

#### IMPORTANT NOTICE

- Please read the Claim Form fully before answering the questions.
- The Claim Form is to be signed by the Insured or their authorised representative.
- All questions must be answered in the Claims Form. If any questions are incomplete or not answered, Gow-Gates may return the Claims Form to you and ask for it to be re-submitted
- Please use additional sheets if necessary and attach copies of relevant documentation. Relevant documentation includes but is not limited to copies of your retainer, any written demands, or court documents.
- If you have any questions in relation to the completion of the Claim Form, please contact Gow-Gates.

- Please do not admit any wrongdoing to any third parties, make any offers of settlement without our consent, or disclose the details of your insurance policy with Gow-Gates.

What type of information is required?

1. The Insured's name and contact details
2. Policy details
3. Claimant's details (i.e., the party requesting compensation)
4. Details of the claim/circumstance, including your views on liability and the potential value (\$) of the claim/circumstance.

For further information relating to the Public & Product liability policy (including Policy Wordings), please refer to [Football FFA \(gowgatesport.com.au\)](http://Football FFA (gowgatesport.com.au))

#### Section 1: Details of the Insured

Full Name of the Insured		
Address of the Insured		
Contact Person and Position		
Phone No		
Email		
Are you registered for GST purposes (Tick box applicable)	Yes	No
If YES, what is your Australian Business Number (ABN)?		
Have you claimed or are you entitled to claim an Input Tax Credit (ITC) on your monthly or quarterly Business Activity Statement to the Australian Taxation Office in respect to the GST paid on the insurance policy under which this claim is being made?	Yes	No

02 8267 9999 | [gowgates.com.au](http://gowgates.com.au) | [football@gowgates.com.au](mailto:football@gowgates.com.au)

Gow-Gates Insurance Brokers Pty Ltd | ABN 12 000 837 785 | AFSL 245432

EST.1963

If YES, what percentage of the GST did you claim or are you entitled to claim?

(if the GST paid and your ITC entitlements are the same amount, the answer to this question is 100%)

NB: Insurers cannot settle your claim without the above information and, if you fail to advise the availability of an ITC or understate its availability, you may have a liability to pay tax on the claim payment. If you have any queries, please see your tax adviser.

## Section 2: Policy Details

Policy No:

Policy Period:

Are there any other insurance policies that may be applicable?

Yes

No

If YES, please provide the following details:

Policy Holder/Insured Name

Insurer

Type of Insurance

Period of Insurance

Has the matter been notified to that insurer?

## Section 3: Claimant Details

Full name of the Claimant(s) or potential Claimant(s) (i.e., the party / parties making the claim or potential claim against you or the firm / company):

Permanent Address of Third Party:

Nature and extend of injuries/damage:

#### Section 4: Details of the Claim or Circumstances

What is the precise nature of the claim (i.e., the Claimant's allegations) or the fact or circumstance that might give rise to a claim? Please elaborate on the following:

a) On what date did the incident occur?

b) On what date did you first become aware of the claim or the fact or circumstances which may give rise to a claim?

c) What is the amount being claimed (if known)?

d) What are your comments in response to the claim or the fact or circumstance that may give rise to a claim?

e) In your opinion, how could this matter be best resolved?

Name(s) and address(es) of any person(s) injured

Name

Address

Name

Address

Full details of any injuries:

Name(s) and address(es) of owner(s) of any damaged property

Name

Address

Name

Address

Note: any piece(s) of damaged property or other evidence of the cause should be preserved

Name(s) and address(es) of witness(es) if any		
Name		
Address		
Name		
Address		
Was the incident due to:	Any individual Plant or equipment	Property Motor Vehicle
Note: any piece(s) of damaged property or other evidence of the cause should be preserved		
Was the claim or the intimation of a claim made verbally?	Yes	No
If YES, please provide details: including the date of the verbal claim or intimation:		
Was the claim or the intimation of a claim made in writing?	Yes	No
Have you received a written demand?	Yes	No
If YES, please attach a copy of this together with any correspondence relating to the written demand		
If you answered YES, please confirm the date you received the written demand		
Have proceedings been issued against you?	Yes	No
If YES, please attached a copy of the court documents together with any correspondence relating to the proceedings		
Have you made any admission of liability	Yes	No
If YES, please provide details:		

### Section 5: Details of the Insured's Response

Are there any other parties which may have contributed to the claim or circumstance?

Yes

No

If YES, please provide details:

Have you obtained legal representation to act on your behalf?

Yes

No

If YES, please provide details of their name, firm, address and charge out rates

If NO, please note that you should not obtain legal representation without Gow-Gates prior consent (please see policy terms and conditions)

### Section 6: Declaration

The undersigned declares that the statement and particulars provided in connection with this claim or circumstance (whether written or oral) are true and that no material facts have been misstated or suppressed after enquiry. The undersigned agrees that should any of the information given by us alter, the undersigned will give immediate notice thereof. The undersigned agrees that Gow-Gates may use and disclose our personal information in accordance with the 'Privacy Collection Statement'. The undersigned agrees that this Claim Form, together with all other information supplied to us, shall form part of the claim thereon.

Full Name

Position

Your Signature

Date

IT IS IMPORTANT THE UNDERSIGNED OF THE DECLARATION ABOVE IS FULLY AWARE OF THE SCOPE OF THIS CLAIM SO THAT THESE QUESTIONS CAN BE ANSWERED CORRECTLY IF IN DOUBT, PLEASE CONTACT US.

We recommend that you keep a record of all information supplied (including copies of this Claim Form and correspondence). Please submit a copy of this completed Claim Form and supporting attachments to [football@gowgates.com.au](mailto:football@gowgates.com.au)

### **Privacy Collection Statement**

We are committed to protecting your privacy. We use the information you provide to advise about and assist with your Insurance needs.

We only provide your information to the companies with whom you choose to deal (and their representatives). We do not trade, rent or sell your information. If you do not provide us with full

information, we cannot properly advise you and you could breach your duty of disclosure. You can check the information we hold about you at any time by contacting our Privacy officer on (02) 8267 9999. Our Privacy Policy explains how we collect, use, hold, disclose and handle your personal information including transfer provision to necessary third parties as well as your rights to access and correct your personal information and how to make a complaint for a breach of the Australian Privacy Principles. For more information about our Privacy Policy please ask us for a copy and /or refer to our website at: Gow-Gates Insurance Brokers & Financial Service Provider ([gowgates.com.au](http://gowgates.com.au)).