



General Liability claim form

Inspac (PNG) Limited, Level 3, Pacific Place, Port Moresby, P O Box 1383, Port Moresby, National Capital District.

Please note:

- 1 Any occurrence or claim must be notified to Inspac (PNG) Limited
- 2 You must not incur any expenses without the written consent of Inspac (PNG) Limited
- 3 You must not make any admission of liability, offer of settlement, promise or payment without the written consent of Inspac (PNG) Limited
- 4 Failure to provide full and correct information could result in your claim not being accepted by Inspac (PNG) Limited
- 5 Please retain damage goods in case inspection is required
- 6 Please attach estimates in support of repairs as appropriate along with any other relevant documentation.

Insured details

Name of Insured:	
Claim number (if known):	
Policy number:	Expiry date: / /
Type of policy:	
Postal address:	
Phone number: Home:	Work:
Mobile:	Email:
Business activities:	

The Accident, Loss or Circumstance

1 Where did the accident occur? (Please provide the address or details of the location.)

2 When did the accident occur? (Please provide the date and time.)

3 Please provide full details of the accident, loss or circumstances:

4 When did you first became aware of the accident?

5 Were there any witnesses? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please provide their full name, address and contact details:

6 In you opinion who is responsible for the accident and why (please provide details)?

If the responsible party is another person or entity beside yourself are they insured?

Yes No Don't know

Property damage

1 Details of the property damages:

2 Was the property under your care, custody or control? Yes No

3 Have you or any of your employees and/or contractors, subcontractors admitted responsibility in any way? Yes No

If **Yes**, please provide details:

4 Who owns the damaged property?

5 Is there other insurance that may apply to the damage caused? Yes No Don't know

If **Yes**, please provide details of the party holding the insurance, type of policy and insurer

6 Have you done anything to reduce the damage or loss?

If **Yes**, please provide details:

The Claimant

1 Has any claim been made against you in connection with this accident? Yes No

If **Yes**, please provide details:

2 Estimated or Actual cost of Damage (if known):

3 Have you received any written notice or correspondence about the claim, if **Yes**, please provide a copy: Yes No

Name, address and phone number of the claimant:

Is the claimant related to you in any way? Yes No

If **Yes**, please provide details:

4 What is the nature of the allegations that have been made against you?

5 Was the work undertaken subject to a written or oral contact?

Please provide either a copy of the contract or details of the terms of the contract

Declaration

I/We declare that:

The information given in this form to be correct.

I/We authorise and request the Royal Papua New Guinea Constabulary Police to release to Inspac (PNG) Limited copies of any or all documents held by the Papua New Guinea Constabulary Police relating to the incident giving rise to this claim.

I /We authorise the disclosure of personal information held by any other party regarding this claim.

I/We agree to the Inspac (PNG) Limited releasing to other parties personal information regarding this claim.

I/We authorise the Insurer or its authorised agent to give or obtain from other insurers or other parties any information relating to any insurance held or claim made.

Note: Failure to provide full and correct information could result in your claim not being accepted by Inspac (PNG) Limited.

Signature:

Position:

Date: / /