



Unimutual Limited  
ABN 45 106 564 372  
AFS Licence No 241142

# General & Products Liability Protection Claim Form

**A Member of Unimutual should complete this form to:**

- apply for protection under the General & Products Liability Protection in respect of a claim that has been made against the Member, an affiliate or a protected person or
- notify an occurrence or a fact or circumstance that might result in such a claim.

Please complete all sections as fully as possible and attach additional pages if necessary together with copies of all relevant documents.

Please contact us if you have any questions in relation to completion of the form.

The completed Claim Form should be sent to:

**Unimutual Limited**  
**PO Box H96**  
**Australia Square NSW 1215**  
**Fax 02 9252 9070**  
**Email [service@unimutual.com.au](mailto:service@unimutual.com.au)**

## A. Details of Member

1. Member Name

Contact Person

Telephone

Fax

Email

Member Claim Reference, if applicable.

## B. Details of Claimant

2. Full Name of Claimant or potential Claimant (i.e. the party who has made or may make a claim)

Address of the Claimant

Postcode

### C. Details of Occurrence

3. Date of occurrence

Time of occurrence

4. Location of occurrence

5. Was the occurrence reported to the police? If yes, give date and station.

6. When was the occurrence first brought to the attention of staff of the Member or affiliate or the protected person?

7. How and by whom?

8. Was an inspection of the scene carried out and/or an incident report prepared? If yes, attach copy.

### D. Nature of Claim, Occurrence, Fact or Circumstance

9. Into which of the following categories does the claim/potential claim fall?

Personal Injury

Property Damage

Other injury eg defamation, invasion of privacy, discrimination

Advertising injury

10. What is the nature of the claim (i.e. the Claimant's allegations) or the occurrence or the fact or circumstance that might result in a claim?

11. What amount is claimed?

**E. Details of Member's Response**

12. What are your comments on the claim or the occurrence or fact or circumstance?


13. Are there additional details you wish to provide so that Unimutual will have a better understanding of this matter? If so, please provide details along with supporting documentation.


**F. Declaration**

I, Full Name

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Position

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of the Member and on behalf of the Member declare the above answers to be true and correct and acknowledge that Unimutual may make its decision to exercise discretion to grant protection having regard to these answers.

Signature

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Date

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