Public Liability Claim Form

OFFICE USE: Policy Number: _____ Claim Number: _____

- **WARNING: If you supply any untrue or false information and know that it is not true, Federal Insurance Timor, S.A. (FIT) shall have the right to refuse the claim.**
- **We recommend that you read the Claims section of your policy.**
- **Please answer all the questions on this form. If a question does not apply to your claim, please answer "N/A".**
- **You must not incur any expense (unless it is to minimise the loss), or admit fault, without our permission.**

PART A: THE INSURED

Name of Insured: _____

Postal Address: _____

Best contact Phone No: _____ Best time to contact: _____

Alternative contact: _____

PART B: THE ACCIDENT

1. Where did the loss or damage happen? (please give the full address or details of the location)

_____

2. When did it happen? (please give date and time): _____
3. When did you first know about it? _____
4. How did the accident happen? (please give full details)

_____

_____

_____

5. Were there any witnesses? Yes ☐ No ☐

If "Yes", please give details (include name, address, contact phone etc.)

_____

_____

6. Who do you think is responsible for the accident and why?
Please give details below

_____

_____

_____

_____

7. Did the accident happen in Timor Leste? Yes ☐ No ☐

If "No", where did it happen?

_____

Do you have a parent company, subsidiary branch or agent there? Yes ☐ No ☐

If "Yes", please give details?

_____

_____

_____

PART C: PROPERTY DAMAGE

1. Details of property damaged

_____

_____

_____

2. Was the property under your care, custody or control? Yes ☐ No ☐
3. Had you previously agreed to be responsible for any such damage? Yes ☐ No ☐

4. Who owns the damaged property? _____

_____

5. Was the damaged property insured? Yes ☐ No ☐ Don't Know ☐

If "Yes" give the name of the insurance company: _____

6. Have you done anything to reduce or make good the loss or damage? Yes ☐ No ☐

If you have answered "Yes", please give details below?

_____

_____

PART D: THE CLAIMANT

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

If "Yes" please answer questions 2 – 4 below

2. Name of Claimant: _____ Contact Phone No: _____

Address: _____

3. Please tick any of these which apply to the claimant

related to you ☐ employed by you ☐ a member of your household ☐ your agent ☐

your employer ☐ your neighbour ☐ your landlord ☐

4. Have you received any written notice or correspondence about the claim? Yes ☐ No ☐

If "Yes", please give details or attach a copy?

_____

PART F: DECLARATION AND SIGNATURE

I declare that

1. Material Facts

(a) All information given to FIT in connection with this claim (whether oral or written) is true and correct;
(b) No information relevant to the claim is omitted;

2. Use of Information

(a) My personal information collected by FIT in connection with this claim may be disclosed to:
  (i) other members of the insurance industry and insurance claims register ltd;
  (ii) parties repairing or replacing the subject matter of the claim;
  (iii) parties who have financial interest in the subject matter of the policy;
(b) My personal information held by any other parties in connection with this claim may be disclosed to FIT

Please note:

- We gather information about you (including your claims history) to consider your claim. The terms of your insurance policy require you to supply this information, and if you refuse to provide it, we may decline your claim.
- This information is held by us and you may access it. It may be passed onto other insurers you deal with, repairers and mortgagees etc.
- Your claims history might be passed onto an insurance claims register. This enables other insurers you deal with to access it, and prevents fraudulent claims.

SIGNED ON BEHALF

OF ALL INSUREDS: _____ DATE: _____