



Comcover Liability Claim Report

Section A Fund Member Details

Fund Member Name

Details of person within entity to contact concerning the claim:

Name

Business Address

Telephone

Email

Date that you or the organisation first became aware of the claim

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Section B Claimant Details

Name of Claimant

Business Address

Telephone

Email

Date and time of incident that gave rise to this claim

/	/	Time	
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If more than one claimant, please provide additional details on a separate sheet.

Section C Event Details

Describe the event that has given rise to the claim*

(e.g. Public Liability Claim - Claimant slipped and fell on wet floor; Professional Indemnity Claim – Claimant made an investment decision based on advice provided by our organisation)**

Description of damage or injury allegedly suffered by the claimant*

(e.g. Public Liability Claim - Claimant fractured pelvis; Professional Indemnity Claim – Claimant suffered financial loss as a result of the investment decision)**

Why is the claimant making a claim against your entity?*

(e.g. Public Liability Claim – Claimant believes that our organisation failed to maintain safe access to public information desk; Professional Indemnity Claim – Claimant believes that there was an error in the advice provided to him by our organisation)**

* Please provide written attachment (including sketches) if there is insufficient space provided on this form.

** These scenarios are not exclusive and are provided as examples only of how to structure claims reports in all liability areas including Directors' and Officers', Medical Malpractice and Aviation Liability.



Section D

**Witness
Details**

Name	
Address	
Telephone	

In accordance with the Privacy Act 1988 and the Australian Privacy Principles, all personal and sensitive information collected directly from you, and from other agencies, will be stored and used on our claims management system. This information may be forwarded to external service providers for the purposes of assessing your claim, and may be shared with third parties as authorised by law. Further information about the privacy practices of Finance, including how to make a complaint, is contained in the privacy policy available at <http://www.finance.gov.au/sites/default/files/privacy-policy.pdf>.

Name of person reporting the claim

Signature of person reporting the claim

Date

Name of Fund Member Contact

Signature of Fund Member Contact

Date

Please note:

All letters of demand, writs, summonses and similar documents received by your organisation in respect of this claim must be forwarded to Comcover immediately.