ARTISAN®
UNDERWRITING

www.artisanuw.com.au

Important Notice

This document is used for notification of a claim or circumstances which may lead to a claim.

- Please provide in addition to this document, all other relevant documentation ori information, which includes and is not limited to copies of any contracts for service, scope of services, retainer, written demands,
- Please read this document carefully before answering.
- Please speak with your Insurance broker or legal representatives if you have any queries or concerns regarding completion of this form.
- This document is to be signed by the Insured or their authorized representative.
- This document must be complete in its entirety before submitting to Artisan Underwriting Pty Ltd **(Artisan).**
- You must not admit to any wrong doi ng to any third parties or make any offers of settlement without Artisan's written consent. Please refer to full terms and conditions of your Policy.
- Please refer to the below 'Supporting Documents Required' page, for a list of documents that Artisan require in order for the Insured to submit a claim.
- It is recommended that the Insured keeps a record of all information supplied or provided (including copies of this claim form and all other correspondence in respect thereto.
- Please submit a copy of this completed Claim Form and supporting attachments to: claims@artisanuw.com.au

Section 1 – Insured Details

1. Please provide responses to all of the fields:

Name of Insured	
Policy Number	
Contact Person	
Phone	
Email	
Address	

Section 2 – Insured Details

1. Please provide responses to all of the fields:

Date of Incident	/ /
Time of Incident	
Location of Incident	

2. Describe the Incident ((What happened? Include sequence of events leading up to the incident))

3. Was there property damage?

No ☐ Yes ☐ If Yes, Date of Inciden: / /

4. Was anyone injured?

No ☐ Yes ☐ If Yes, Date of Inciden: / /

Section 3 – Product Information (if applicable)

1. Please provide responses to all of the fields:

Product Name	
Batch/Lot Number	
Date of Manufacture	/ /
To whom was the product supplied?	

2. Describe how the product allegedly caused damage/injury

Section 4 – Third Party Information

1. Please provide responses to all of the fields:

Name(s) of Third-Party Claimant(s)	
Address	
Contact Number	

2. Details of third-party loss, damage, or injury claimed:

Section 5 – Witnesses

1. Were there any witnesses?

No ☐ Yes ☐ If 'Yes', please describe

2. Please provide responses to all of the fields:

Name	
Phone	
Address	

Section 6 – Authorities Notified

1. Police Notified?

No ☐ Yes ☐ If 'Yes', please describe

2. Please provide responses to all of the fields:

Date of Reported	/ /
Police Station	
Officer Name/Badge No.:	
Reference Number	

3. Other Authorities Notified (e.g. WorkSafe, Environmental Authority Include name and reference)

Section 7 – Supporting Information

- Please attach copies of the following (if applicable):
- Photos of the incident, damaged property, or injuries
- CCTV footage
- Product batch reports or quality records
- Purchase orders or delivery dockets
- Third-party letters of demand
- Witness statements
- Police or authority reports

Declaration

I/We declare the above information to be true and correct to the best of my/our knowledge. I/We acknowledge that submission of this form does not constitute an admission of liability.

Reference Number:	
Reference Number:	
Reference Number:	