



## Claim lodgement process for Public Liability Insurance – Group Insurance

We hope this flowchart will help you better understand how making a claim works and what we jointly need to do to have the claim assessed ASAP. Cerberos Brokers Pty Ltd (AFSL 260668) are the insurance broker for BOB Systems Services and they assist in the claims lodgement process. Cerberos is NOT the Insurer and is NOT liable for any loss or claim. Should you have any questions regarding any part of your claim form or the claims process, please call Cerberos on 1300 880 306 business hours or email [claims@cerberos.com.au](mailto:claims@cerberos.com.au)

### Complete all parts of the claim form and include:

- Any necessary documentation required to support your claim is attached to this form

<p>✓ <b>Step 1.</b> <u>Obtain a claim form</u></p> <p style="text-align: center;"></p>	<p>Claim forms can be obtained from:</p> <ul style="list-style-type: none"><li>• BOB Systems Services;</li><li>• Cerberos Brokers</li></ul>
<p>✓ <b>Step 2.</b> <u>Sending your claim form</u></p> <p>Remember to keep a copy of all your claim documentation &amp; send original claim forms to: Cerberos Brokers Pty Ltd PO Box 1305 SPRING HILL QLD 4004</p> <p style="text-align: center;"></p>	<p>To <i>speed up</i> the process for lodgement you can:</p> <ul style="list-style-type: none"><li>• scan your completed and signed Claim Form and email it to: <a href="mailto:claims@cerberos.com.au">claims@cerberos.com.au</a>.</li><li>• fax your claim form to Cerberos Brokers Pty Ltd (07) 3088 2079</li></ul> <p style="text-align: center;"><b><i>Please keep a copy for your own records</i></b></p>
<p>✓ <b>Step 3.</b> <u>Your confirmation</u></p> <p>Cerberos Brokers will confirm receipt of your claim and lodge it with the insurer</p>	<p>Cerberos Brokers will:</p> <ul style="list-style-type: none"><li>• ensure you have provided all the information needed by the underwriter;</li><li>• confirm receipt of your claim;</li><li>• provide you with the insurer's claim number;</li><li>• give you a contact number to discuss the progress of your claim.</li></ul>

Insured: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
ABN: \_\_\_\_\_ Input Tax Credit: \_\_\_\_\_ %  
Policy No: \_\_\_\_\_  
Excess: \$ \_\_\_\_\_

1) What were you retained or contracted to do which may give rise to this claim or possible claims?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Was your retainer or contract confirmed in writing? If so, please attach a copy. If not, please provide appropriate details.  
\_\_\_\_\_  
\_\_\_\_\_

3) When did you perform the work from which this claim or possible claim arises?  
\_\_\_\_\_

4) Date when you first became aware of a claim or possible claim against you and what brought this to your attention:  
\_\_\_\_\_  
\_\_\_\_\_

5) Name of the party who is or may be claiming against you:  
\_\_\_\_\_  
\_\_\_\_\_

6) What allegations have been made against you? (Please set out further details overleaf):

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7) What are your views regarding these allegations?

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8) What action do you consider should be taken?

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9) What is your estimate of the maximum claim if everything goes against you?

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10) Any other comments which you consider pertinent:

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I/We expressly agree that the information given by me/us is provided with my/our full knowledge and consent and further agree to hold harmless and indemnify the insurer in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed "Privacy".

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_