

GIO Claim Notification Guide – General Liability

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GIO Claims Notifications – General Liability

This GIO Claims Notification Guide for General Liability claims is not part of the Treasury Managed Fund (TMF) Statement of Cover. It is to assist TMF Agencies by providing a guide to completing a Claim Form.

Note: The content of this document is based on the coverage provided under the TMF Statement of Cover.



This document contains information on the following:

- ▶ Treasury Managed Fund.
- ▶ Roles & Responsibilities.
- ▶ How to complete a Claim Form.
- ▶ Claims Online.

Treasury Managed Fund (TMF)

The Treasury Managed Fund (TMF) is the NSW Government's self-insurance scheme.

Established in 1989, the TMF provides broad protection for all asset and liability exposures (except Compulsory Third Party (CTP) motor vehicle insurance) to TMF Agencies. Cover is provided for loss or damaged incurred on or after 1 July 1989 or the date the agency joined the TMF.

What is a claim?

The Statement of Cover defines a claim as:

- ▶ A request by a TMF Agency for cover, payment or benefit provided by the TMF under the Statement of Cover.

Roles & Responsibilities

Claims Manager

The Claims Manager under the current contract is GIO. GIO is contracted to provide a wide range of services to meet the operational needs of the TMF.

In relation to claims, GIO's fundamental role is to manage claims and maintain appropriate records (e.g. case estimates of outstanding claims). In addition, GIO will provide TMF Agencies with information, tools and assistance to manage their risks.

TMF Agencies

In broad terms the role of the TMF Agencies in relation to claims management is to promptly notify claims and potential claims to GIO.

This means providing GIO, within agreed timeframes, all claims information necessary to effectively manage claims.

Importantly, TMF Agencies also have an obligation to ensure that appropriate risk management resources are available by conducting regular risk assessments and performing risk management tasks for all exposures.

Delegated Authority

The Director NSW Self Insurance Corporation has delegated a financial authority to GIO as the Claims Manager.

- ▶ Unless prior agreement has been reached with the NSW Self Insurance Corporation and recorded in the TMF Agency profile, no TMF Agency has delegated authority to spend, or commit to spend TMF funds without the consent of GIO.
- ▶ The granting of cover, under the Statement of Cover, by GIO does not provide any authority to the TMF Agency to make any admission, offer, promise or payment; nor does the acceptance of liability by GIO provide any authority to the TMF Agency to make any admission, offer, promise or payment.
- ▶ Each and every time a TMF Agency seeks to make an admission, offer, promise or payment, approval must be first sought from GIO.
- ▶ Any past approval provided by GIO does not equate to a future approval should the proceedings not resolve.

Lodging Claims

GIO should be notified as soon as possible of any new or potential claims. If you are unsure whether or not to lodge a claim, please contact your Client Services Manager at GIO.

Important notes:

- ▶ Claim notifications should be submitted, in writing, as soon as possible to ensure that the claim is efficiently and effectively managed.
- ▶ If mandatory fields on the General Liability Claim/Notification form have not been completed delays in the management of claims may occur.
- ▶ The General Liability Claim/Notification form is an editable PDF document, so all the claim information can be input directly into the form.
- ▶ Where the services of an investigator or Solicitor are needed, you will be advised detailed of the appointment made.
- ▶ If your Agency has an "Incident Notification System" which records details of these events, attach a copy of that notification with your claim submission.

How to notify GIO of a new third party damage claim

1. Using this document as a guide, complete a General Liability Claim/Notification Form.
 - ▶ The Claim Form must include ALL the mandatory information
 - ▶ Mandatory fields are noted on the Claim Form by an asterisk (*)
2. Gather Supporting documentation where applicable
 - ▶ The demand or originating process from the third party.
 - ▶ Third Party Details
 - ▶ Witness Statements
 - ▶ Photographs of the damage
 - ▶ Any other supporting documentation or details in regards to the loss such as quotes, invoices and proof of loss.
3. Email the Claim Form, along with all supporting documentation to VMO&OtherLiability@suncorp.com.au or submit the claim via Claims Online at www.claimsonline.gio.com.au

What happens next?

1. GIO will issue an acknowledgment email **within 3 working days** of receipt of the new claim.
2. The acknowledgement email will contain important details including:
 - ▶ Who will manage your claim.
 - ▶ GIO claim number.
 - ▶ Whether the claim is covered or not or additional information GIO requires to determine coverage.
 - ▶ Any information which has been omitted from the claim form.

Claim Number



Claim Number

Field	Information Required	Reason
Claim Number	Provide the Claim Number that was generated through Claims Online. This is only required if the claim was lodged via Claims Online.	Required to lodge the claim without creating a duplicate.

Policy Details

POLICY DETAILS

Agency name*

Policy number* Cost centre number(s)

Agency address Suburb Postcode

Special instructions

Field	Information Required	Reason
Agency Name *	Provide the TMF Agency name that the Agency is commonly known as.	This is a mandatory field that GIO use to identify the Agency when lodging the claim.
Policy Number *	Provide the Liability Policy number of the TMF Agency.	This is a mandatory field that GIO use to identify the Agency when lodging the claim.
Cost Centre Number(s)	Provide the Cost Centre number(s), if the TMF Agency has one.	Used for reporting purposes in the SICorp Data Warehouse.
Agency Address (including Suburb and Postcode)	Provide the postal address, suburb and postcode of the site of the TMF Agency making the claim.	To ensure that all postal correspondence is issued to the correct address.
Special Instructions	Provide any special instruction, such as; <ul style="list-style-type: none"> ▶ Actions the TMF Agency has taken on the claim. ▶ Any sensitive information. ▶ Whether GIO is to take over the management of the claim. 	This is to assist GIO in the assessment of the claim.

Claim Contacts

CLAIM CONTACTS			
Reported By:			
Name*			Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Address	Suburb	Postcode <input type="text"/> <input type="text"/> <input type="text"/>	
Phone number*	(<input type="text"/>) <input type="text"/>	Mobile	<input type="text"/>
Agency Claim Contact:			
Name*	Role		<input type="text"/>
Address	Suburb	Postcode <input type="text"/> <input type="text"/> <input type="text"/>	
Phone number*	(<input type="text"/>) <input type="text"/>	Mobile	<input type="text"/>
Email*	<input type="text"/>		

Field	Information Required	Reason
Name *	Provide the name of the person who reported the claim. This <u>does not</u> need to be the same person who is the contact of the claim.	Identifies the reporter should the Claims Officer need to clarify the claim details.
Date *	Provide the date the claim was reported to GIO.	Aids GIO in the assessment of the claim.
Address (including suburb and postcode)	Provide the address, suburb and postcode of the person who reported the claim.	Assists GIO in contacting the reporter should the Claims Officer need to clarify the claim details.
Name and Role *	Provide the name and the Role of the person at the TMF Agency who will be the point of contact.	Aids GIO to be able to make contact with the correct person to manage the claim.
Address (including Suburb and Postcode)	Provide the address of the Claim Contact at the TMF Agency.	Ensures GIO are able to issue any correspondence to the correct person and address.
Phone Number and Mobile *	Provide the telephone number(s) of the person at the TMF Agency who will be the point of contact.	Ensures GIO are able to directly contact the correct person and address.
Email *	Provide the email address of the Claim Contact.	Ensures GIO are able to issue correspondence electronically to facilitate efficient and proactive claims management.

Claim Details

AGENCY CLAIM DETAILS			
Date of incident*	<input type="text"/> / <input type="text"/> / <input type="text"/>	Time of incident*	<input type="text"/> AM <input type="radio"/> PM <input type="radio"/>
Address of the incident*			
<input type="text"/>	Suburb	<input type="text"/>	Postcode <input type="text"/>
Full incident description (What has happened?)*			
<input type="text"/>			
Staff involved*	No <input type="checkbox"/> Yes <input type="checkbox"/>		
If, yes:			
Name*	<input type="text"/>	Role	<input type="text"/>
Police report number if incident attended by police <input type="text"/>			
Police station/officer's name <input type="text"/>			
Has liability been admitted by the Agency?* No <input type="checkbox"/> Yes <input type="checkbox"/>			

Field	Information Required	Reason
Date and Time of Incident *	Provide the date and time the incident occurred. Where the time is unknown, please provide an approximate time.	Allows accurate reporting and aids GIO in assessing the claim. The claim cannot be lodged unless this is provided.
Address of the Incident *	Provide the address and location of the where the incident occurred.	Allows accurate reporting and aids GIO in assessing the claim. The claim cannot be lodged unless this is provided.
Full Incident Description (what has happened?) *	Provide a detailed description of the incident or occurrence giving rise to the claim.	Allows GIO to be able to process the claim as quickly as possible. Aids in the assessment of the claim.
Staff Involved? *	Provide a Yes or No response on whether a TMF Agency staff member was involved in the incident.	Assists in the assessment of the claim.
Name and Role *	The Name, Role and email address of the TMF Agency staff member that was involved in the incident.	Ensures GIO is able to contact the correct person should additional information about the incident be required.
Police Report number if incident attended by Police	Provide the Police Report Number, Police Station and Police Officers name if the incident was attended by or reported to Police. This is only mandatory if Police attended.	Assists GIO in the assessment of the claim and enables GIO to request a copy of the Police report if necessary.
Has Liability been admitted by the Agency? *	Provide a Yes or No response whether liability for the incident has been admitted to the Claimant by the TMF Agency. If Liability has been accepted, provide details of the admission.	Assists GIO in the assessment of the claim. (Please note, in accordance with the Statement of Cover, the TMF Agency shall not without consent of GIO, make any admission, offer, promise or payment in connection with any accident or Claim, proceedings, investigation or inquiry, other than as part of an apology made in accordance with the Civil Liability Act 2002.

Approval Request to Appoint Legal Service Provider

APPROVAL REQUEST TO APPOINT LEGAL SERVICE PROVIDER	
NB: ONLY complete this section where you require a Legal Service Provider to be appointed	
Why do you want to appoint a legal service provider?	
<div></div>	
Is the claim litigated?*	No <input type="checkbox"/> Yes <input type="checkbox"/>
Are any other Agencies involved?*	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
What is/are the name(s) of the Agency or Agencies?*	<div></div>
Amount sought to spend on legal fees*	\$ <div></div>
What is your strategy to resolve this matter?	
<div></div>	
Please indicate the supporting documentation you are submitting with this request:	
Statement of Claim/Letter of demand	<input type="checkbox"/>
Draft Letter of instructions to Legal Provider	<input type="checkbox"/>
All correspondence received from the Plaintiff/Claimant or their Legal Service Provider	<input type="checkbox"/>
Any other documentation that supports the appointment of Legal Service Provider	<input type="checkbox"/>

Field	Information Required	Reason
Why do you want to appoint a legal service provider? *	Provide an explanation on why the TMF Agency needs to appoint a Legal Provider.	So the Claims Officer can determine if the appointment of a legal provider is required.
Is the claim litigated? *	Provide a Yes or No response on if the claim is litigated.	So the Claims Officer can determine if the appointment of a legal provider is required.
Are any other Agencies involved? * What is/are the name(s) of the Agency or Agencies?	Provide the names of any other TMF Agencies that may have been involved in the incident.	Allows GIO to ensure all agencies have made claims, if required, and to consider if the Crown Solicitors Office needs to be appointed.
Amount sought to spend on legal fees? *	Provide a dollar estimate on what the Agency anticipates may be spent on legal fees.	Assists the Claims Officer in the assessment of the claim and the decision on whether to appoint a legal provider.
What is your strategy to resolve this matter?	Provide details on how the TMF Agency intends to resolve the matter.	Assists the Claims Officers in the assessment of the claim and the decision on whether to appoint a legal provider.
Please indicate the supporting documentation you are submitting with this request	Select appropriate boxes to reflect the documentation that will be attached the Claim Form.	Assists GIO in assessing the claim and the level of complexity.

Other Party Property Damage or Injured Party Details

OTHER PARTY PROPERTY DAMAGE DETAILS OR INJURED PARTY DETAILS			
NB: ONLY complete this section where the claim relates to PROPERTY DAMAGE or PERSONAL INJURY			
Please tick the type of claim: Other Party Property <input type="checkbox"/> Personal Injury <input type="checkbox"/>			
Give the following information about the owner of the damaged property or injured party:			
Name*	Phone number*	Date of birth*	
Address	Suburb	Postcode	
Nature and extent of property damage or injuries, doctor and/or hospital details*			
<div></div>			
For property damage claims only:			
What is the estimated total cost of repair or replacement for the damaged property?*			
Is the other party registered for GST?*	No <input type="checkbox"/> Yes <input type="checkbox"/>	What is the ABN? <input type="text"/>	
If yes, can they claim an ITC Entitlement%?*	No <input type="checkbox"/> Yes <input type="checkbox"/>	Specify the percentage amount claimed <input type="text"/> %	
For personal injury claims only:			
Was ambulance required? No <input type="checkbox"/> Yes <input type="checkbox"/>			

Field	Information Required	Reason
Other Party Property or Personal Injury	Select the box to indicate if the claim is for damage to the property of a Third Party or Personal Injury.	Identifies to GIO what type of claim is being lodged and ensures accurate reporting.
Name *	Provide the name of the Third Party that is making the claim.	GIO will use these details to contact the Third Party.
Phone Number and Address including Suburb and Postcode *	Provide the contact details of the Third Party involved in the claim, including the email address.	GIO will use these details to contact the Third Party.
Date of Birth *	Provide the Date of Birth of the Third Party making in the claim.	Used to identify the Third Party and ensures accurate reporting.
Nature and Extent of property damage or injuries, doctor and/or hospital details *	Provide a detailed description of the property damage or the injuries including the name of the treating Doctor and/or hospital.	Assists GIO in the assessment of the claim.
What is the estimated total cost of repair or replacement for the damaged property? *	Provide the estimated dollar value of the repair or replacement of the damaged item(s).	Assists GIO in the assessment of the claim and to ensure accurate reserves are raised on the claim. Attach any repair or replacement quotes provided by the third party.
Is the other party registered for GST? * If yes, What is the ABN? And, Can they claim an ITC Entitlement?	Indicate whether the Third Party involved in the claim is registered for GST. Provide an ABN and the percentage they are entitled to claim, if the answer is a yes.	The Third Party's GST status can impact the settlement and is required to ensure that GIO complies with GST legislations.
Was an Ambulance required?	Provide a yes or no response. A response is only required if the claim is for Personal Injury.	Assists GIO in the assessment of the claim.

Other Loss e.g. Financial/Consequential

OTHER LOSS eg FINANCIAL/CONSEQUENTIAL			
NB: ONLY complete this section if there are other losses associated with the incident. E.g. Business Interruption or Loss of Profit			
Name*	<input type="text"/>	Phone number*	(<input type="text"/>) <input type="text"/>
		Date of birth*	<input type="text"/> / <input type="text"/> / <input type="text"/>
Address	<input type="text"/>	Suburb	<input type="text"/>
		Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Provide details of loss*			
<input type="text"/>			
Estimated loss*	\$	<input type="text"/>	

Field	Information Required	Reason
Name *	Provide the name of the Claimant.	GIO will use these details to contact the Third Party.
Phone *	Provide the phone number(s) of the Claimant.	GIO will use these details to contact the Third Party.
Address (including Suburb and Postcode)	Provide the contact details of the Claimant, including the email address.	Used to send any correspondence related to the claim to the Claimant.
Provide the details of the loss *	Provide a detailed description of what the Claimant is seeking as compensation from the TMF Agency.	Assists GIO in the assessment of the claim.
Estimated Loss *	Provide the estimated dollar value of financial or consequential loss claimed by the Third Party.	Assists GIO in the assessment of the claim and to ensure accurate reserves are raised on the claim.

Independent Witness Details

INDEPENDENT WITNESS DETAILS	
NB: ONLY complete this section if there was an INDEPENDENT WITNESS	
Name*	<input type="text"/>
Phone number*	(<input type="text"/>) <input type="text"/>

Field	Information Required	Reason
Name *	Provide the name of any witnesses to the incident.	Used to identify any witnesses that may need to be contacted to provide a statement.
Phone *	Provide the contact details of the witness.	Used to contact any witnesses should the GIO needs to make contact.

Declaration

DECLARATION		
I declare that the information provided is correct.		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature*	Print Name*	Date*

Field	Information Required	Reason
Signature *	Provide the signature of the TMF Agency member who has completed the Claim Form.	Provides authorisation to lodge the Claim to GIO.
Print Name *	Provide the printed name of the person at the TMF Agency who has completed the Claim Form.	Ensures that GIO can contact the correct person should any details on the Claim Form need clarification.
Date *	Provide the date that the declaration was made.	For reporting purposes and aids GIO in the assessment of the claim.

Privacy Statement

The Privacy Statement will provide details to the TMF Agency on:

- ▶ How information is collected, stored and shared
- ▶ What happens if you don't provide your personal information
- ▶ How we handle your personal information
- ▶ Overseas Disclosure
- ▶ How to access and correct your personal information or make a complaint
- ▶ How to contact us

Contact Details as at August 2015

GIO Liability Claims Email: TMFLiabilityNewClaims@suncorp.com.au

OR

Claims Online: claimsonline.gio.com.au

Please contact your Client Services Manager if you have a question about the Claim Form or lodging a claim.

Primary

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Frequently Asked Questions

1. Is there a timeframe requirement for lodgement of claims post incident?

- ▶ Yes, under Section 9.1(a) The TMF Agency shall give written notice as soon as possible to the Claims Manager of any loss or damage, accident, Claim, writ, summons or proceedings.

2. Is there a minimum claim amount?

- ▶ Yes, under Section 8.1 of the Statement of Cover, every claim is subject to a minimum amount claimable of \$300 excluding GST.

3. Are there any exclusions under TMF?

- ▶ Yes, there are a number of exclusions which apply under Section 4.3 of the Statement of Cover, including but not limited to liability, damages, costs or expenses:
 - ▶ Arising from death of or bodily injury to any person, arising out of or in the course of the employment of such person in the service of the TMF Agency, except under the cover provided in clause 3 above - Workers Compensation.
 - ▶ In respect of any Claim by any person in the service of any contractor or sub-contractor to the TMF Agency or by any dependant of such person for payment under any Workers' Compensation Act or Ordinance;
 - ▶ Arising from any pollution or contamination to persons, property or the environment emanating from the TMF Agency's operations, unless wholly sudden and accidental and not preventable by reasonable precautionary maintenance.
 - ▶ Arising from pollution or contamination to property owned, leased or occupied by the TMF Agency where that pollution or contamination existed before the TMF Agency became the owner, lessee or occupier of the property.

