

LIABILITY CLAIM Claim Number

(Office use only)

The issue or acceptance of this form is not to be construed as an admission of liability on the part of the company. Form can be completed by typing into fields provided, or by printing it out and filling in by hand.

PLEASE NOTE THAT ALL SECTIONS OF THE CLAIM FORM ARE TO BE COMPLETED BY THE INSURED AND THAT FAILURE TO PROVIDE COMPLETE INFORMATION MAY DELAY THE PROCESSING OF THE CLAIM.

IF THERE IS INSUFFICIENT SPACE ON THIS FORM PLEASE ATTACH EXTRA MATERIAL AS NECESSARY

PLEASE FILL IN ALL RELEVANT SECTIONS (PLEASE PRINT YOUR ANSWERS)

Name

Business or Trading Name

Policy Number

Address Postcode

Postal Address Postcode

Occupation

Contact Name

Phone Number:

Private	Business	Mobile
<input style="width: 90%;" type="text"/> ()	<input style="width: 90%;" type="text"/> ()	<input style="width: 90%;" type="text"/>

Facsimile	Email
<input style="width: 90%;" type="text"/> ()	<input style="width: 95%;" type="text"/>

GOODS AND SERVICE TAX

Are you registered for GST purposes? YES NO

What is your Australian Business Number(ABN)?

What percentage of the GST paid on the policy premium were you entitled to claim as an Input Tax Credit? %

Please note that GST legislation requires that this information be provided when a claim is notified. However, it is not used in determining acceptance of a claim, nor will it be released to other parties.

Have you received a formal demand or claim from another person? YES NO

If YES, has all correspondence including demands, contracts, quotes and invoices been attached? YES NO

Please note that any further correspondence or documentation received in relation to this claim should also be forwarded for attention.

DETAILS OF ACCIDENT/INCIDENT

Date / / Time am/pm Day

Location of incident/ accident

Please provide a description of the accident/incident

Please provide details of damaged property and/or injuries suffered

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Have you admitted responsibility/ liability for the incident? YES NO

Does the claim involve a product that you manufactured or supplied to another person? YES NO

If YES, please provide details

Were emergency services such as ambulance, police or fire brigade contacted? YES NO

If YES, please provide details and attach reports if available

DETAILS OF ACCIDENT/INCIDENT (continued)

Did the accident or injury arise out of the use of a motor vehicle? YES NO

Was the motor vehicle registered or required to be registered? YES NO

If unregistered, was the vehicle insured under a motor vehicle or other insurance policy? YES NO

Do you believe that another party or person is responsible? YES NO

If YES, please provide details

DETAILS OF PARTY OR PARTIES MAKING CLAIM AGAINST YOU

Name

Address Postcode

Phone Number:
Business Mobile
() ()

Solicitor's Name

WITNESSES

Name

Address Postcode

Phone Number:
Private Business Mobile
() ()

Relationship (eg. employee, family, friend, previously unknown)

Name

Address Postcode

Phone Number:
Private Business Mobile
() ()

Relationship (eg. employee, family, friend, previously unknown)

WITNESSES (continued)

Name

Address

Postcode

Phone Number:

Private

Business

Mobile

Relationship (eg. employee, family, friend, previously unknown)

Name

Address

Postcode

Phone Number:

Private

Business

Mobile

Relationship (eg. employee, family, friend, previously unknown)

DECLARATION

I declare that all information provided in respect of this claim is true and correct and that no relevant information has been withheld.

SIGNED

DATE

Please do not hesitate to contact us should you have any queries or wish to discuss the claim.

Privacy

We need personal information about you to assess your claim. We will, where relevant, disclose your personal information (other than sensitive information such as health information) to your adviser (and any licensee or broker he or she represents), to co-insurers, to our service providers (including loss adjusters and investigators) and our business partners for this purpose; where relevant, to assess your claim we will also disclose personal information, including sensitive information about you such as health information, to medical practitioners, other health professionals, co-insurers, reinsurers, legal representatives and other consultants. By signing this claim form, you consent to those organisations and other professionals collecting, and us disclosing sensitive information about you for this purpose; if you do not provide the requested information or consent to its collection and disclosure as described above, the assessment your claim may be delayed or we may not accept the claim; we may also disclose personal information about you where we are required or permitted to do so by law; in most cases, on request, we will give you access to the personal information we hold about you.