

LIABILITY CLAIM FORM

Please print in **BLOCK** letters and answer all questions. This form should be promptly returned along with any other documents or reports relating to the incident (including photographs where possible). If the space provided below is insufficient to advise all the details, please attach a separate sheet.

IMPORTANT NOTICE

No admission of liability, either implied or expressed, should be made. Any claim made upon you should simply be acknowledged with advice that the matter has been referred to your insurer for determination. The completion of this form and the receipt by the insurer is not an indication that the insurer accept any liability to you or to any person claiming from you.

INSURED'S DETAILS

Policy Number (from your schedule) _____ Expiry Date _____
 Name Of Insured (other than trading name) _____
 Address _____
 Trading Name Of Business _____
 Contact Name _____
 Telephone No. _____ Mobile No. _____ Email _____
 1. Are you registered for GST Purposes? _____ What is your ABN? _____ ITC Percentage? _____

CLAIM DETAILS

2. Date of incident _____ Time _____ a.m. _____ p.m. _____
 3. Date you first became aware of the incident _____

Please describe how the loss/damage occurred

4. Address where the incident happened _____
 Are you the owner or occupier of the above address? (please state which) _____

If you lease the premises please provide a signed copy of the Lease.

5. Has a claim been made on you? _____ If "Yes" provide details and copies of correspondence

GENERAL INFORMATION

6. Name and address of witnesses - Witness 1

Full Name _____ Telephone No _____
 Address _____

Name and address of witnesses - Witness 2

Full Name _____ Telephone No _____
 Address _____

GENERAL INFORMATION (Continued)

7. Did Police attend? _____ If "Yes" provide details

8. Have there been prior incidents in similar circumstances? _____ If "Yes" provide details

9. Do you consider yourself responsible for the incident? _____ If "Yes" provide details otherwise tick "No" below

_____ If "No" provide details

Name and address of persons(s) whom you consider responsible and their relationship to you.

Address _____

10. Are you aware of any defect to your plant, equipment or any other property which gave rise to this claim?

_____ If "Yes" provide details

INJURED PERSON(S) DETAILS

11. Full Name _____ Telephone No _____

Address _____

12. Full details of injuries

13. What is your relationship to the person?

PROPERTY DAMAGE DETAILS

14. Name of the owner(s) of the property damaged _____

Address _____

What is your relationship to the owner(s)?

15. Describe the property and the full details of damage (if a vehicle, include make, model and registration) - attach quotes if possible

16. Estimated cost of repair/replacement: \$ _____

17. Was the property in your custody? _____ If "Yes" for what purpose?

18. Have any repairs been carried out? _____ If "Yes" provide details

Name of repairer _____

Address _____

Cost of Repairs \$ _____

COLLECTION OF BANK ACCOUNT DETAILS

The following section is to provide your bank account details so that the Insurer, if able to, can arrange direct credit to your nominated bank account. By signing this form you are directing your Insurer to make any payments relating to this claim to the account nominated below until you notify us in writing otherwise.

Please ensure account details are accurate. The submission of incorrect details may result in delayed settlement of your claim.

Your Bank BSB Number: _____

Your Bank Account Number: _____

Name Of Bank: _____

Branch Where Account Is Held: _____

Bank Account Name: _____

DECLARATION

I/We declare that the said loss occurred without my/our knowledge or consent and that I/We have not sought to benefit unjustly from this claim by fraud, wilful misrepresentation or exaggeration.

I/We declare that the information supplied on this claim form is true in every respect.

I/We agree that, by submitting this form, the personal information I/We provide to the Insurer in this form or otherwise may be collected, held, used and disclosed in the manner set out in the Insurer's Privacy Policy, including for processing this claim.

Signature of insured

Date

Print name
