

PUBLIC AND/OR PERSONAL LIABILITY CLAIM FORM



**THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY
BY THE INSURER**

Policy # :

Claim # :

Please complete and return this claim form as soon as possible, so that your claim will receive prompt consideration by the Insurers.

PLEASE NOTE

1. If anyone holds you responsible for their accident/injury, insist their claim must be in writing.
2. Any communication received must be forwarded to us immediately.
- 3. Do Not Admit Liability**
4. If there is insufficient space or further comment on any area is considered necessary, please use additional pages.

THE INSURED

Surname _____ Other Names _____ Mr, Mrs, Miss, Ms

Address _____

_____ Post Code _____

Occupation _____

Phone Private _____ Business _____

Fax No. _____ Mobile _____

Email _____ Contact Name _____

Are you registered for GST?

No Yes > What is your ABN?

:	:	:	:	:	:	:	:	:	:
---	---	---	---	---	---	---	---	---	---

Have you claimed an input tax credit on the GST amount applicable to this policy?

No Yes > Is the amount claimed less than 100% No Yes > Specify amount

Of the GST applicable to the premium? claimed: %

Are you entitled to claim an input tax credit for the repairs or replacement of the vehicle?

No Yes > Is the amount claimable less than 100% No Yes > Specify amount

claimed: %

THIRD PARTY

Name _____

Address _____

_____ Post Code _____

Phone No. Private _____ Business _____

General Description _____

PARTICULARS OF ACCIDENT/INCIDENT

Date of accident/incident ____ / ____ / ____ Time ____ a.m. / p.m.

Date reported to you ____ / ____ / ____ Time ____ a.m. / p.m.

Exact location of accident/incident _____

HOW REPORTED

In Person: By Telephone: By Letter: Other: _____

By Whom (Name) _____ Address _____

_____ Postcode: _____

To Whom was the incident reported? (Name) _____

Address _____

_____ Postcode _____

Position/Title: _____

If reported in person, was he/she on own? No Yes

If no, Assisted: _____ Escorted: _____ By whom (Name) _____

Address _____

_____ Postcode _____

Describe the incident or accident in as much details as possible: _____

Have you admitted responsibility in any way? _____

If "yes", give details: _____

CAUSE

Was the accident due to:

1. BY THE ACTIONS OF ANY INDIVIDUAL No Yes

If yes, their name, address and relationship to you (i.e. Claimant, employee, member of your family)

Name	Address	Relationship

Reason why? _____

2. PROPERTY

Do you own the property? No Yes

If "no", state the name and address of owner _____

Do you occupy the property No Yes

If "no", state the name and address of the tenants and type of tenancy _____

Had any notice been given of any defect or hazard by your agents or tenants No Yes

If "yes", state date notified: ____ / ____ / ____

By whom were you notified? _____

What details were notified? _____

What type of property caused the accident (Eg. Defect in property or spillage of some substance)

3. PLANT OR EQUIPMENT

No Yes

If "yes" describe plant or equipment and its uses: _____

4. MOTOR VEHICLE

No Yes

Type of Vehicle: _____

Registration Number: _____

Drivers Name: _____

Address: _____

_____ Postcode _____

Owners Name: _____

Address: _____

_____ Postcode _____

5. ANIMAL

No Yes

Type of animal: _____

How long have you owned the animal? _____

Is the animal normally confined behind fences? No Yes

Has the animal been involved in any similar incidents? No Yes

CONDITIONS

<p><u>Type of Footwear:</u></p> <p>Flat Shoes <input type="checkbox"/></p> <p>High Heels <input type="checkbox"/></p> <p>Thongs <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>	<p><u>Was Third Party:</u></p> <p>Carrying Parcels <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Wearing Spectacles <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Using Cane/Crutches <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Lighting:</u></p> <p>Excessive <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Inferior <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Satisfactory <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><u>Walking Surfaces:</u></p> <p>Wet <input type="checkbox"/> Broken <input type="checkbox"/></p> <p>Dirty <input type="checkbox"/> Worn <input type="checkbox"/></p> <p>Uneven <input type="checkbox"/> Torn <input type="checkbox"/></p>		<p><u>If child involved:</u></p> <p>Was he/she accompanied by an adult at time of accident ?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

TREATMENT

Was treatment given at the scene of the accident No Yes

If "yes" by whom: _____

Address _____

Postcode _____

How severe was the injury in your opinion:

Trivial Minor Major Serious

Was transport provided? No Yes

Was the Ambulance used? No Yes

WITNESS AND THEIR RELATIONSHIP

(i.e. employer, members of your family, etc)

Name	Address	Relationship

POLICE

Did a Police officer attend the accident / incident? No Yes

If so, name of Police Officer _____

Did Police lay any charges or intimate action may be taken? No Yes

If so, please supply full details _____

PROPERTY DAMAGE

Description of property damaged: _____

Nature and extent of damage: _____

Has any demand for damage been made against you? No Yes

Please attach any demands.

To avoid unnecessary delay in processing your claim, it is important that you attach documentation to support :

- **ownership of all property claimed, eg. Original invoices, owners manuals, photos, receipts, etc...**
- **the repair / replacement of your loss. Eg. Original invoices, receipts, etc... by trade suppliers / repairers – itemising the precise nature of their quotation or work under taken eg. Size, model, type, age, hours, cost of labour, parts, prices...**

PRIVACY

The Privacy Act 1988 requires us to tell you that we as broker and the insurer collect your personal and sensitive information in order to calculate your loss and entitlements, determine the insurer's liability, compile data and handle claims.

When handling claims we and the insurer may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents, or other parties as required by law.

Where you give us information about other persons you must have their consent to this and provide it on their behalf. If not, you must tell us.

You have the right to seek access to your personal information and to correct it at any time. Please contact us to advise if any changes are required.

DISPUTE RESOLUTION

Disputes are not an everyday occurrence. However insurers provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details.

If you are not satisfied with the outcome of that process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

DECLARATION

I/We the insured do solemnly and sincerely declare that I/We have complied with the conditions and warranties (if any) of the policy and in no matter deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or misrepresentation and that the information shown on the form is true and the I/We have not concealed any information relating to this claim. I/We understand that this claim may be refused if the information is untrue, inaccurate or concealed.

Further it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the company any sum which may have been paid to me/us in respect to such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.

I/We acknowledge that I/we have read and understood the Privacy Act information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim.

I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information, then the broker and the insurer will be unable to process my/our claim.

Insured's Signature _____ Date _____