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# PUBLIC AND/OR PERSONAL LIABILITY CLAIM FORM

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

Policy # :

Claim # : T / B / A

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?

:	:	:	:	:	:	:	:	:	:
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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: \_\_\_\_\_

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Have you admitted responsibility in any way? \_\_\_\_\_

If "yes", give details: \_\_\_\_\_

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**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? \_\_\_\_\_

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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><b><u>Type of Footwear:</u></b></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><b><u>Was Third Party:</u></b></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><b><u>Lighting:</u></b></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><b><u>Walking Surfaces:</u></b></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><b><u>If child involved:</u></b></p> <p>Was he/she accompanied by an adult at time of accident ?</p> <p><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



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 \_\_\_\_\_