

# Liability

## Claim form.

### GUIDE FOR COMPLETION

Please complete all sections of this form and note the following:

- 1 The completion of this form does not constitute policy acceptance by the insurer.
- 2 Failure to notify a matter immediately after the event or after you become aware of the event may enable the insurer to reduce or avoid any liability incurred.
- 3 Please ensure that you answer all questions in full and honestly. The form must be signed and dated.
- 4 If you do not believe a question is applicable, please write 'n/a'.
- 5 Original hard copy records are required by the insurer. Should you require them to be returned, please include a written request advising same. Photocopies are not acceptable for audit reasons.
- 6 All communications with the Insurer and Aon should be marked 'Private and Confidential'.
- 7 If anyone holds you responsible for their accident or injury, please insist that their claim must be in writing.
- 8 Do not admit liability to any claimant and do not disclose to the claimant the existence of any insurance you may have in place.
- 9 If there is insufficient space or further comment on any area is considered necessary, please use additional pages.
- 10 Salvage remains the property of the insurer.
- 11 Any attachments will form part of this claim report and the declaration will include them.

### PRIVACY AND COLLECTION STATEMENT

The insurer includes information about how they manage your personal information in their Product Disclosure Statements and Policy booklets. You can obtain a copy of the insurer's statement from their website or contact the Compliance Manager.

**A. INSURED DETAILS**

Name of insured \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
Private telephone number \_\_\_\_\_ Work telephone number \_\_\_\_\_

**B. THIRD PARTY DETAILS**

Name of insured \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
Private telephone number \_\_\_\_\_ Work telephone number \_\_\_\_\_

**C. INCIDENT DETAILS**

Date of incident \_\_\_\_\_ time \_\_\_\_\_ am/pm \_\_\_\_\_  
Date reported to you \_\_\_\_\_ time \_\_\_\_\_ am/pm \_\_\_\_\_  
Location \_\_\_\_\_  
Describe how the accident/incident occurred  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have admitted responsibility in any way, please provide details  
\_\_\_\_\_  
\_\_\_\_\_

Name, address and contact telephone numbers of person who reported the incident  
\_\_\_\_\_  
\_\_\_\_\_

How was the matter reported:  in person  by telephone  by letter

Name, address and contact telephone numbers of person to whom the incident was reported to  
\_\_\_\_\_  
\_\_\_\_\_

Their position \_\_\_\_\_

**D. POLICE DETAILS**

Was the accident due to the actions of:

- any individual/s *(please go to 1 below)*
- property *(please go to 2 below)*
- plant or equipment *(please go to 3 below)*
- a motor vehicle *(please go to 4 below)*
- an animal *(please go to 5 below)*

Others, please specify

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**1. Actions of individual/s**

Please provide their name, address and relationship to you  
*(ie. claimant, employee, member of your family, sub-contractor, etc.)*

Name	Address	Relationship

**2. The property**

If your claim is for property damage, please advise

a) Do you own the property damaged?  yes  no  
If 'no', state name and address of owner

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b) Do you occupy the property?  yes  no  
If 'no', state name of tenants and the type of residency

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c) Had any notice been given of any defect or hazard by your agents or tenants?  yes  no  
If 'yes', date notified

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By whom were you notified?

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d) What details were notified?

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e) What type of property caused the accident *(eg. defect in the property etc.)*?

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### 3. Plant or equipment

- a) Describe plant or equipment and its uses

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### 4. Motor vehicle

- a) Type of vehicle Registration number

- b) Driver's name

- c) Address

- d) Owner's name

- e) Address

Postcode

### 5. Animal

- a) Type of animal

- b) How long have you owned the animal?

- c) Is the animal normally confined behind fences?  yes  no

- d) Has the animal been involved in any similar incidents?  yes  no  
If 'yes', provide details

### E. TREATMENT DETAILS

- a) Was treatment given at the scene of the accident?  yes  no  
If 'yes', by whom?

Address

Postcode

- b) How severe was the injury in your opinion:  trivial  minor  major  severe

- c) Was transport provided?  yes  no

- d) Was an ambulance used?  yes  no

### F. WITNESSES

Please advise if there were any witnesses and their relationship to you (ie. employer, family member etc.)

Name	Age	Address	Relationship

If there is insufficient space to complete details, please attach another page.

## G. POLICE DETAILS

Did a police officer attend the accident/incident?  yes  no

If 'yes', name of police officer \_\_\_\_\_ Police station \_\_\_\_\_

Did the police lay any charges or intimate any action be taken?  yes  no

If 'yes', please give details \_\_\_\_\_

## H. PROPERTY DAMAGE

Description of property damaged \_\_\_\_\_

Nature and extent of damage \_\_\_\_\_

Did a Police Officer attend the accident/incident?  yes  no

*Please attach any demands.*

## I. GOODS AND SERVICES TAX

To ensure that you do not incur any unnecessary GST liabilities on this claim please complete these details.

Are you registered for GST?  yes  no What is your ABN? \_\_\_\_\_

Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the Policy?  yes  no

Will you be claiming an amount less than 100%?  yes  no Specify amount claimed \_\_\_\_\_ %

Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?  yes  no Specify amount claimed \_\_\_\_\_ %

## J. DECLARATION

I/We declare that:

1. I/We the Insured do solemnly and sincerely declare that I/we have complied with the terms and conditions of the Policy and in no manner caused the said loss or damage or sought unjustly to benefit thereby by any fraud or wilful misrepresentation and that the information shown on this form is true and that I/we have not concealed any information relating to this claim.
2. I/We understand the claim may be refused or reduced if information is withheld.
3. I/We authorise the insurer to disclose information contained herein to their advisors, reinsurers and to other insurers. I/We authorise the insurer to obtain from any other party information that is, in the insurer's view relevant to this claim.

Signature of insured \_\_\_\_\_ date \_\_\_\_\_