

# Liability Claim Form

Click on the fields to complete online, then print and sign.

OR Print and complete all sections in black or blue pen.



## 1. Policy Details

Policy number

Claim number

Expiry date (dd/mm/yyyy)

Sum insured

## 2. Client Details

Name of Insured

Address

Suburb

State

Postcode

Phone number (h)

Phone number (w)

Email

Goods and Services Tax - to ensure you do not incur any unnecessary GST liabilities on this claim please advise your:

(a) Australian Business Number (ABN), if applicable

(b) entitlement to an Input Tax Credit in respect of:

(i) Insurance premium  % and (ii) the property which is the subject of this claim  %

## 3. Details of Accident

Where did the accident happen?

Date of accident (dd/mm/yyyy)

Time

am

pm

State clearly how the accident occurred.

  
  

Have you received any indication that a demand or claim will be made upon you for the incident or accident?

Yes

No

If yes, please provide details (include details of who is making the demand upon You and attach all documentation that You have received if the demand or claim has been made in writing).

  
  

Was the accident reported to the Police or Workcover?

Yes

No

If yes, please provide details of who attended.

## 4. Witness

Name  Age

Address

Name  Age

Address

## 5. If damage caused to property

Name

Address

Description of property

Nature of Damage

Estimate cost of damage

\$

## 6. Injury to persons

Name  Age

Nature of Injury

Name  Age

Nature of Injury

Do you know of any other insurance policy which covers the damage of items/injuries under our policy?

**Yes**

**No**

*If yes, please explain*

  

## 7. Declaration

I/We solemnly and sincerely declare:

1. That the information supplied on this Claim Form and Statement of Claim is true in every respect.
2. I/We understand that the claim may be refused if information is withheld, false, misleading or concealed.
3. That there was no other insurance covering this loss current at the date of this incident.
4. I/We acknowledge that this Claim Form is a Legal Document and as such may be used in any legal proceedings resulting from this claim.

Signature of Insured(s)

Date (dd/mm/yyyy)

Witness

Date (dd/mm/yyyy)