

Liability Claim Form

Policy holder

Full name and address of policy holder:		Occupation:			
		Telephone numbers			
		Business hours:			
		After hours:			
Insurer:		Policy no:		Expiry date (DD/MM/YYYY)	

Details of Accident/Injury

Date of accident (DD/MM/YYYY)		Time of accident (AM/PM)	
Was there any personal injury?		<input type="radio"/> No	<input type="radio"/> Yes If yes, please give details
i. name(s) and address(es) of injured persons:	Name		
	Address		
	Name		
	Address		

LIABILITY CLAIM FORM



ii. nature and extent of injuries:	
iii. name of doctor and/or hospital (if applicable)	
Was any third party property damaged? <input type="radio"/> Yes <input type="radio"/> No <small>If yes, please state</small>	
i. name(s) and address(es) of injured persons:	Name
	Address
	Name
	Address
ii. nature and extent of injuries:	

LIABILITY CLAIM FORM



Is the third party:

- | | | | |
|------|---|---------------------------|--------------------------|
| i. | an employee of the policyholder? | <input type="radio"/> Yes | <input type="radio"/> No |
| ii. | an employee of a sub-contractor? | <input type="radio"/> Yes | <input type="radio"/> No |
| iii. | a member of the policyholder's family? | <input type="radio"/> Yes | <input type="radio"/> No |
| iv. | ordinarily resident in the policyholder's home? | <input type="radio"/> Yes | <input type="radio"/> No |

Has the claim been intimated?

- | | | | |
|-----|---|---------------------------|--------------------------|
| i. | verbally?
(If yes, to whom) | <input type="radio"/> Yes | <input type="radio"/> No |
| ii. | in writing?
(If yes, please attach correspondence) | <input type="radio"/> Yes | <input type="radio"/> No |

Name of your employee in charge at the time of the accident:

Give details of all witnesses, if any:

Name	Address
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LIABILITY CLAIM FORM



State fully and clearly the circumstances surrounding the accident:

ABN details

Are you a registered business?		<input type="radio"/> Yes	<input type="radio"/> No
What is your ABN?	ABN no.		
What percentage of GST in your premium did you claim as an Input Tax Credit for the period of insurance in which this loss occurred?			%

Declaration

I declare that the above statements are true, that I have not suppressed or mis-stated any facts. I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify Bruce Chiene Pty Ltd in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed "Your Privacy".			
Full name of claimant(s)			
Signatures		Date (DD/MM/YYYY)	
		Date (DD/MM/YYYY)	