

Liability Claim Form

Guide for completion

Please complete all sections of this form and attach at least one quotation from a reputable repairer of your choice.

Please also 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.

1. Insured Details

Name of insured (Company name and given name)	<input type="text"/>		
Postal address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Phone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		
Insurer	<input type="text"/>	Policy number	<input type="text"/>

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2. Electronic Funds Transfer Details

Following your insurer's approval of your claim, should you wish to have your claim benefits transferred directly into your bank account, please provide the following details:

Name of Financial Institution	<input type="text"/>		
Account name	<input type="text"/>	BSB	<input type="text"/>
		Account number	<input type="text"/>

3. Third Party Details

Name	<input type="text"/>		
Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Phone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

4. Incident Details

Date of incident (dd/mm/yyyy)	<input type="text"/>	Time	<input type="text"/>	<input type="checkbox"/> am	<input type="checkbox"/> pm
Date reported to you(dd/mm/yyyy)	<input type="text"/>	Time	<input type="text"/>	<input type="checkbox"/> am	<input type="checkbox"/> pm
Location	<input type="text"/>				

Describe how the accident/incident occurred

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

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Name of person who reported the incident

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr

First name Family name

Postal address

Suburb State Postcode

Phone Mobile

Email

How was the matter reported? ☐ In person ☐ Telephone ☐ Letter ☐ Email

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

☐ Mr ☐ Mrs ☐ Miss ☐ Ms

First name Family name

Postal address

Suburb State Postcode

Phone Mobile

Email Their position

5. Incident Details

Please provide incident details below:

Please provide any other details relevant to this claim:

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A. 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
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

B. The property

If your claim is for property damage, please advise the following: Do you own the property damaged?

If 'No', state name and address of owner

Yes ☐ No ☐

Do you occupy the property?

Yes ☐ No ☐

If 'No', state name of tenants and the type of residency

Had any notice been given of any defect or hazard by your agents or tenants?

Yes ☐ No ☐

If 'Yes', date notified and by whom were you notified?

Date (dd/mm/yyyy) Name

What details were notified?

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

C. Plant or equipment

Describe plant or equipment and its uses

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D. Motor vehicle

Type of vehicle Registration number

Driver's Name

Address

Suburb State Postcode

Owner's Name

Address

Suburb State Postcode

E. Animal

Type of animal

How long have you owned the animal?

Is the animal normally confined behind fences?

Yes ☐ No ☐

Has the animal been involved in any similar incidents?

Yes ☐ No ☐

If 'Yes', provide details

6. Treatment details

Was treatment given at the scene of the accident? If 'Yes', by whom
and provide address details

Yes ☐ No ☐

How severe was the injury in your opinion:

☐ trivial

☐ minor

☐ major

☐ severe

Was transport provided?

Yes ☐ No ☐

Was an ambulance used?

Yes ☐ No ☐

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7. Witnesses

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

Name	Age	Address	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

8. Police details

Did a police officer attend the accident/incident?

Yes ☐ No ☐

If 'Yes', name of police officer and police station

Did the police lay any charges or intimate any action be taken?

Yes ☐ No ☐

If 'Yes', please give details

9. Property damage

Description of property damaged

Nature and extent of damage

NOTE: Please attach any letter of demands or information from other parties

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10. 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?

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

%

Duty of Disclosure

Before you enter into a contract of insurance, you have a duty under the Insurance Contracts Act 1984 (Cth) to disclose anything that you know, or could reasonably be expected to know, that may affect the insurer's decision to insure you and on what terms. You have that duty after proposal, and

up until the time the insurer agrees to insure you. You have the same duty before you renew, extend, vary or reinstate a contract of insurance.

You do not need to tell the insurer anything that:

- reduces the risk that is insured;
- is common knowledge;
- your insurer knows or should know as an insurer; or
- the insurer waives compliance with your duty of disclosure.

If you are uncertain about whether or not a particular matter should be disclosed to the insurer, please contact your CoverMe broker.

Non-disclosure

If you do not tell your insurer anything you are required to, the insurer may cancel your contract or reduce the amount that it is required to pay you if

you make a claim, or both. If your failure to disclose is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

Declaration

I/We declare that the information supplied on this claim form is true in every respect. I/We consent to the use of my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however, my claim may not be able to be processed.

By signing this form, you consent to us and the parties mentioned above collecting, using and disclosing personal and sensitive information about you for the purposes described above

Signature

Date

Submit your claim

assist@covermeinsurance.com.au

Privacy Policy - CoverMe take your privacy very seriously.
For full details please refer to

www.cbn.au/privacy-policy

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