



CLAIM FORM

Liability

Please answer all questions in full, using the spaces provided as well as additional pages as required.

Insured Details

Name of Insured

Address

Phone Number

Fax Number

Mobile

Email

Details of Accident/Incident

Where did the accident/incident happen?

Date of accident/incident

Time

State clearly how the accident/incident occurred. Please attach separately if insufficient space.

Was the accident/incident reported to the Police, Workcover or any other authority?

Yes (If Yes, please provide details of who attended) No

Reported to

Telephone

Mobile

Email

How was the accident/incident reported?

Telephone Letter

Reported to

Telephone

Did the Police attend?

Yes (If Yes, please provide details of who attended) No

Name of Officer

Police Station

Witness(es)

Name #1

Age

Address

Relationship (i.e. Employee, family member etc.)

Name #2

Age

Address

Relationship (i.e. Employee, family member etc.)

Name #3

Age

Address

Relationship (i.e. Employee, family member etc.)

If Damage Caused to Property

Name of Owner

Address

Description of Property Damage

Nature of Damage

Estimated Cost of Damage

If Injury Caused to Person(s)

Name of Person	Age
<input type="text"/>	<input type="text"/>

Nature of Injury

Name of Person	Age
<input type="text"/>	<input type="text"/>

Nature of Injury

Name of Person	Age
<input type="text"/>	<input type="text"/>

Nature of Injury

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

Yes (If Yes, please explain) No

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 not 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

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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Witness Signature

Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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We value your privacy. Our Privacy Policy sets out how we collect, disclose and handle personal information under the Privacy Act and the Australian Privacy Principles. By providing us such information, you consent to these practices unless you tell us otherwise. Our Privacy Policy is available at www.insuranceadviser.net or by contacting us at info@allinsure.com.au

4		Empowered by  Advice you can trust
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