LIABILITY CLAIM FORM

Note: This form must be completed by the policyholder NOT the injured party. To be completed when accident causes damage to property, or injury to a member of the public.

1. Details of Policy Holder

Full Name(s) of Insured:	**Address of Insured:**
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----------	……**Postcode** ……
……	**Telephone Numbers:**
----------	**Business Hour** (…..) ……
	After Hour (…..) ……

Insurer:	**Policy No:**	**Expiry Date:**
……	……	……. / ……. / 20……

2 Details of Accident/ Injury

Date of Accicent	……/……/20……	**Time of Accident:** …… am/pm
Was there any personal injury? If yes please state:	YES NO	
(i) name(s) and address(es) of injured persons:	1. Name: …… Address: …… …….. Postcode …… 2. Name: …… Address: …… …….. Postcode ……	

(iii) name of doctor and/or hospital (if applicable)	1. …… 2 ……
Was any third party property damaged? *If yes, please state:*	YES NO
(i) name(s) and address(es) of owner(s):	1Name: …… Address: …… …….. Postcode …… 2. Name: …… Address: …… …….. Postcode ……
(ii) nature and extent of damage:	1……..…… …… 2…… ……
Is the third party:	(i) an employee of the policyholder? YES NO (ii) an employee of a sub-contractor? YES NO (iii) a member of the policyholder's family? YES NO (iv) ordinarily resident in the policyholder's home? YES NO
Has the claim been intimated:	(i) verbally? YES NO *(If yes, to whom)* …… (ii) in writing? YES NO *(If yes, please attach correspondence)* ……
Name of your employee in charge at the time of the accident	……

Give details of all witnesses, if any:	Name	Address
	……	…… ……Postcode ……..
	……	…… ……Postcode ……..
	……	…… ……Postcode ……..

State fully and clearly the circumstances surrounding the accident:

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3. ABN Details

Are you a registered business?	Yes	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? ……..%		

4. 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 FINPAC Insurance Advisors 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) *(please use block letters)*

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Signature(s)

……. Date: ….. / …… / 20…..

……. Date: ….. / …… / 20…..

(If there is not enough room on this form for your answers, please attach a separate sheet, indicating the Section and Question you wish to complete.)

Please lodge your claim to FINPAC Insurance Advisors by: Fax 0747 214 188 ; or
Email: Danielle@finpacinsurance.com.au

Privacy Statement: The Privacy Act 1988 requires us to tell you that we as broker and the insurer collect your personal and sensitive information in order to calculate your loss and entitlements, determine the insurer's liability, compile data and handle claims. When handling claims we and the insurer may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents, or other parties as required by law. Where you give us information about other persons you must have their consent to this and provide it on their behalf. If not, you must tell us. You have the right to seek access to your personal information and to correct it at any time. Please contact us to advise if any changes are required.