

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 | | | |
| Account name | | BSB | |
| | | Account number | |

3. Third Party Details

| | | | |
|---------|--|----------|--|
| Name | | | |
| Address | | | |
| Suburb | | State | |
| | | Postcode | |
| Phone | | Mobile | |
| Email | | | |

4. Incident Details

| | | | | | | | | | | | |
|----------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------|----------------------|-----------------------------|-----------------------------|
| Date of incident (dd/mm/yyyy) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <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"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <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. Police Details

Was the accident due to the actions of:

- any individual/s (please go to A below)
- property (please go to B below)
- plant or equipment (please go to C below)
- a motor vehicle (please go to D below)
- an animal (please go to E below)
- others

If others, please specify

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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? Yes No

If 'No', state name and address of owner

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? Yes No

If 'Yes', by whom and provide address details

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 demands

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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?

Yes No

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

 %

11. Declaration

I/We declare that:

1. I/We the Insured do solemnly and sincerely declare that I/we have complied with the terms and conditions of the Policy and in no manner caused the said loss or damage or sought unjustly to benefit thereby by any fraud or wilful misrepresentation and that the information shown on this form is true and that I/we have not concealed any information relating to this claim.
2. I /We understand the claim may be refused or reduced if information is withheld.
3. I/We authorise the insurer to disclose information contained herein to their advisors, reinsurers and to other insurers. I/We authorise the insurer to obtain from any other party information that is, in the insurer's view relevant to this claim.

Signature of insured

Date (dd/mm/yyyy)

Aon is a leading provider of risk management services, insurance and reinsurance broking, financial planning and employee benefit and risk solutions. Aon professionals meet the diverse and varied needs of our clients through our industry knowledge, technical expertise and global resources.

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