

Liability Claim Form

The issue or acceptance of this form is not to be construed as an admission of liability on the part of the company.

Please provide complete details to the questions asked on this form. If there is insufficient space for your answers please attach a separate page.

You should not admit liability or make any offer or enter into any correspondence regarding any incident which may result in a claim under your policy.

Please send the completed claim form as soon as possible to your insurance advisor or broker.

1. Your Details

Policy Number	Expiry Date

Name of Insured

Postal Address
Post Code

Phone Number	Work/Mobile Number

2. Incident Details

Date of Occurrence	Time

Where did the event occur?
Post Code

Please describe what happened



A.B.N. 78 090 584 473

Allstate Underwriting Agencies Pty Ltd ABN 51 121 066 180 is an authorised representative of The Hollard Insurance Company Pty Ltd ABN 78 090 584 473

3. Other party's details

Provide name and address of person injured or owner of property lost or damaged:

Name:
Address:
Post Code:

4. Damage and/or injury details

Provide details of any property that has been damaged and/or injuries suffered:

Has a demand been made against you for the damage or injury?

No Yes. If yes, provide details:

Have you admitted responsibility/liability for the damage or injury?

No Yes. If yes, provide details:

Do you consider that you are responsible for the damage or the injury sustained by the other party?

No Yes. Please provide your reasons:

5. Cause

Product

Does the claim involve a product that you manufactured or supplied to another person?

No Yes. If yes, provide details of the product:

Vehicle

Did the accident or injury arise out of the use of a vehicle?

No Yes. If yes, provide details of the vehicle:

Was the vehicle registered or required to be registered?

No Yes. If yes, provide details:

If unregistered, was the vehicle insured under a motor vehicle or other insurance policy?

No Yes. If yes, provide details:

Property

Does the claim involve damage or injury arising from a property?

No Yes. If yes, provide the following details:

Please advise who the property is owned by:

Please advise who the property is occupied by:

Animal

Does the claim involve damage or injury caused by an animal?

No Yes. If yes, please advise the type of animal:

How long have you owned the animal? Years.

Is the animal normally kept behind fences? No Yes.

Has the animal been involved in similar incidents? No Yes.

6. Witnesses

Name of witness

<input type="text"/>
Address
Post Code
Telephone number
Relationship (e.g. employee, family friend etc)

Name of any additional witness

<input type="text"/>
Address
Post Code
Telephone number
Relationship (e.g. employee, family friend etc)

7. Goods and Services Tax

Are you registered for GST?

No Yes. If yes, please provide your ABN:

What is your entitlement to an Input Tax Credit? %

8. Privacy

We are committed to protecting the privacy of your personal information in accordance with the Privacy Act.

We use the personal information you provide to us in connection with your claim only for the purpose of managing and assessing the claim. We may need to provide that information to our underwriters and reinsurers (and their representatives) and those we appoint to assist us with the claim. We never sell or rent your personal information.

If you do not provide us with complete information, we cannot properly assess your claim. You may reasonably obtain access to your personal information that we hold. Our detailed privacy policy is available on request.

9. Declaration

- I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.
- I/We authorise The Hollard General Insurance Company Pty Ltd to give to or obtain from other insurers or insurance reference bureaus, any information relating to this claim or any other claim made by me/us or any insurance held by me us.

Insured's Signature
Date