

LIABILITY CLAIM FORM



Allstate Underwriting Agencies Pty Ltd (ABN: 51 121 066 180) is an authorised representative (AR No: 000306153) of Allstate Insurance Pty Ltd (ABN: 82 073 267 053; AFSL 239010)

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
<input type="text"/>	

Name of Insured
<input type="text"/>

Postal Address
<input type="text"/>
Post Code

Contact Name
<input type="text"/>

Home Phone Number	Work / Mobile Number
<input type="text"/>	

2. Incident Details

Date of Occurrence	Time
<input type="text"/>	

Where did incident occur?
<input type="text"/>
Post Code

Please describe what happened
<input type="text"/>

3. Other party's details

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

Name:
<input type="text"/>
Address:
<input type="text"/>
Post Code

4. Damage and/or injury details

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

<input type="text"/>

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

No Yes. If yes, provide details:

<input type="text"/>

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

No Yes. If yes, provide details:

<input type="text"/>

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

No Yes. Please provide your reasons:

<input type="text"/>

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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
Address Post Code
Telephone number
Relationship (e.g. employee, family friend etc)

Name of additional witness
Address Post Code
Telephone number
Relationship (e.g. employee, family friend etc)

7. Goods and Services Tax (GST)

Are you registered for GST

No Yes - If yes, provide your A.B.N. number:

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

1. 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.
2. I/We authorise Allstate 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.

Signature of Insured:
Date: