



Action Insurance Brokers

"Service Solutions Security"

Licensed Financial Service Provider – AFSL# 225047
Principal Member – National Insurance Brokers Association

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.

YOUR PRIVACY

Action Insurance Brokers and its Authorised representatives have and adhere to a privacy policy, which will ensure the privacy and security of your personal information. A copy of our privacy policy is available on request. A copy is also available on our website, www.actioninsurance.com.au

1. Details Of Policyholder

Name & Address of Policyholder	Occupation or Trade Telephone Nos: B/H (.....) A/H (.....)
Insurer: Policy No: Expiry Date: / /	
GST Details: Are you registered for GST Purposes? Yes <input type="checkbox"/> No <input type="checkbox"/> ABN No: To what extent are you entitled to claim an Input Tax Credit for this policy?%	
Payment: Following Acceptance of your Claim by the Insurer, Please nominate your preferred method of payment. Cheque <input type="checkbox"/> Direct Payment <input type="checkbox"/> If you selected Direct Payment please provide the following information Bank Account Name BSB Account Number Note: Final Payment is at the Insurers discretion provided an EFT payment facility is available.	

2. Details Of Accident / Incident

Date of accident/incident	/ /20	Time of accident/incident	am/pm
Was there any personal injury? If yes, please state: (i) name(s) and address(es) of injured persons:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	1.Postcode.....	
	2.Postcode.....	
	3.Postcode.....	

<i>(ii) nature and extent of injuries:</i>	1. 2. 3.	
<i>(iii) name of doctor and/or hospital (if applicable)</i>	
Was any third party property damaged/stolen? <i>If yes, please state</i> <i>(i) name(s) and address(es) of owner(s):</i> <i>(ii) phone number</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> 1.Postcode..... 2.Postcode.....	
<i>(ii) nature and extent of damage:</i>	1. 2.	
Is the third party: (i) an employee of the policyholder? (ii) an employee of a sub-contractor? (iii) a member of the policyholder's family? (iv) ordinarily resident in the policyholder's home?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you been informed about the claim (i) verbally?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes, to whom?)</i>	
(ii) in writing?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes, please attach correspondence)</i>	
Name of your employee in charge at the time of the accident	
ive details of all witnesses and their relationship(ie, employer, family, etc):	Name	Address
Postcode.....
Postcode.....
Postcode.....
Postcode.....

State fully and clearly the circumstances surrounding the accident/incident:

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Did a Police Officer attend the accident/Incident? Yes No

If "yes", Please state name of Police Officer, Police Station and Police Event Number

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Did police lay any charges or advise action may be taken? Yes No

If yes, please supply full details

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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 Action Insurance Brokers Pty Ltd, its Employees and Representatives 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".

Signature(s) Date:/...../.....