

LIABILITY CLAIM FORM

Note:

This form must be completed by the policyholder NOT the injured party.

This form is to be completed when an accident causes damage to property or injury to a member of the public.

YOUR PRIVACY

The Privacy Act 1988 requires Central Insurance Brokers to make the following disclosure before collecting personal information about you after 21 December 2001:

- Central Insurance Brokers collects personal information in order to provide its various services which include insurance broking, claims management, risk management consultancy, underwriting management, and reinsurance.
- If the personal information that Central Insurance Brokers requests from you is not provided, Central Insurance Brokers or any involved third party may not be able to provide the appropriate services.
- Central Insurance Brokers discloses personal information to third parties who are involved in the provision of our services. For example, in arranging and managing your insurance needs Central Insurance Brokers may provide information (including sensitive information such as health information) to insurers, reinsurers, other insurance intermediaries, it's advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process. By signing this form and continuing to deal with us, you confirm on your behalf and/or on behalf of those you represent consent to Central Insurance Brokers and these parties collecting, using and disclosing personal and sensitive information about you.
- Central Insurance Brokers has a duty to maintain the confidentiality of its client's affairs which includes their personal information. Our duty of confidentiality applies except where disclosure of your personal information is with your consent or required by law.
- Central Insurance Brokers may make use of your personal information to provide you with information about its products and services.

Central Insurance Brokers

E-mail info@centralins.com.au
Telephone: (08) 9368 8999
Fax: (08) 9367 5335

Claim Number:

1. Details of Policy Holder

<p>Name of Policy Holder:</p> <p>Address of Policy Holder:</p> <p>Postcode</p>	<p>Occupation or Trade:</p> <p>Telephone Numbers:</p> <p>Business Hour (.....)</p> <p>After Hour (.....)</p>	
<p>Insurer:</p>	<p>Policy No:</p>	<p>Expiry Date: / / 20.....</p>

2. Details of Accident / Injury

<p>Date of accident:</p>	<p>..... / / 20.....</p>	<p>Time of accident: am/pm</p>
<p>Was there any personal injury? <i>If yes, please state:</i></p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p><i>(i) name(s) and address(es) of injured persons:</i></p>	<p>1. Name:</p> <p>Address:</p> <p>..... Postcode</p> <p>2. Name:</p> <p>Address:</p> <p>..... Postcode</p>	
<p><i>(ii) nature and extent of injuries:</i></p>	<p>1.</p> <p>.....</p> <p>2.</p> <p>.....</p>	

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

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3. ABN Details

Are you a registered business? <input type="checkbox"/> Yes <input type="checkbox"/> 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 [Value not set] 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) <i>(please use block letters)</i>
Signature(s)	Date: / / 20.....
	Date: / / 20.....