

THE APPLICANT/S

Name of insured			
Postal address			
Suburb	State	Postcode	
Phone (hm)	Phone (business)		
Email	Mobile		
Policy No.	Expiry date		

IMPORTANT INFORMATION

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 as soon as possible to your insurance advisor or broker.

SECTION A INCIDENT DETAILS

Date of occurrence	Where did the event occur?			
Time	Suburb	State	Postcode	
Please describe what happened				
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SECTION B OTHER PARTY'S DETAILS

Name	Address			
	Suburb	State	Postcode	

SECTION C 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 of injury? <input type="checkbox"/> No <input type="checkbox"/> Yes
	If yes, provide details

	Have you admitted responsibility/liability for the damage or injury? <input type="checkbox"/> No <input type="checkbox"/> Yes
	If yes, provide details

	Do you consider that you are responsible for the damage or the injury sustained by the other party? <input type="checkbox"/> No <input type="checkbox"/> Yes
	Please provide your reasons

SECTION D CAUSE

PRODUCT Does the claim involve a product that you manufactured or supplied to another person?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, provide details of the product
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VEHICLE Did the accident or injury arise out of the use of a vehicle?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, provide details of the vehicle
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Was the vehicle registered or required for be registered?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, provide details
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If unregistered, was the vehicle insured under a motor vehicle or other insurance policy?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, provide details
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PROPERTY Does the claim involve damage or injury arising from a property?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please 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 by an animal?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please advise the type of animal
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How long have you owned the animal? ____ Years ____ Months	Is the animal normally kept behind fences? <input type="checkbox"/> No <input type="checkbox"/> Yes	Has the animal been involved in similar incidents? <input type="checkbox"/> No <input type="checkbox"/> Yes
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SECTION E WITNESSES

Witness name	Additional witness name
Address	Address
Suburb State Postcode	Suburb State Postcode
Phone Relationship (eg employee)	Phone Relationship (eg employee)

SECTION F GOODS AND SERVICES TAX

Are you registered for GST?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please provide your ABN
What is your entitlement to an Input Tax Credit?	%								

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.

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.

Date

Insured's title

Insured's signature
