

Claim Number:

1. Details of Policy Holder

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

2. Details of Accident / Injury

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

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



Has the claim been intimated:	<p>(i) verbally? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, to whom)</i></p> <p>.....</p> <p>(ii) in writing? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, please attach correspondence)</i></p> <p>.....</p>	
Name of your employee in charge at the time of the accident	
Give details of all witnesses, if any:	Name	Address
 Postcode
 Postcode
 Postcode
State fully and clearly the circumstances surrounding the accident:		
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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 <insert Company Name> 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)
(please use block letters)

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Signature(s)

..... Date: / / 20.....

..... Date: / / 20.....

