



Allianz Australia Insurance
Limited

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Public And / Or Personal Liability Claim Form

The Issue of this Form is not an Admission of Liability by Insurer

Policy #:

Claim #:

Please complete and return this claim form as soon as possible, so that your claim will receive prompt consideration by the Insurers.

PLEASE NOTE

1. If anyone holds you responsible for their accident/injury, insist their claim must be in writing.
2. Any communication received must be forwarded to us immediately.
3. Do Not Admit Liability
4. If there is insufficient space or further comment on any area is considered necessary, please use additional pages.

The Insured

Surname:

Other Names:

Title: Mr Mrs Miss Ms

Address:

Postcode:

Occupation:

Phone Private: Business:

Fax No.: Mobile:

Email Address: *

Contact name:

Are you registered for GST? Yes No

If Yes, what is your ABN?

Have you claimed an input tax credit on the GST Yes No

amount applicable to this policy?

If Yes, is the amount claimed less than 100% of the GST applicable to the premium?

Yes No

If Yes, specify amount claimed:

Are you entitled to claim an input tax credit for the repairs or replacement of the vehicle?

Yes No

If Yes, is the amount claimable less than 100%?

Yes No

If Yes, specify amount claimed:

Third Party

Name:

Address:

Postcode:

Private phone no.:

Business phone no.:

General description:

Particulars of Accident / Incident

Date of accident / incident:

  (dd/mm/yyyy)

Time: (am/pm)

Date reported to you:

  (dd/mm/yyyy)

Time: (am/pm)

Exact location of accident / incident:

How Reported

In Person: Yes No

By Telephone:

By Letter:

Other:

If Other, please specify:

By Whom: (Name)

Address:

Postcode:

To Whom was the incident reported? (Name)

Address:

Postcode:

Position / Title:

If reported in person, was he/she on own? Yes No

If No,

Assisted:

Escorted:

By whom: (Name)

Address:

Postcode:

Describe the incident or accident in as much details as possible:

Have you admitted responsibility in any way? Yes No

If Yes, give details:

Cause

Was the accident due to:

1. By the actions of any individuals: Yes No

If yes, their name, address and relationship to you (i.e. Claimant, employee, member of your family)

Name	Address	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason why?

2. Property

Do you own the property? Yes No

If No, state the name and address of owner:

Do you occupy the property? Yes No

If No, state the name and address of the tenants and type of tenancy:

Had any notice been given of any defect or hazard by your agents or tenants? Yes No

If Yes, state date notified:  (dd/mm/yyyy)

By whom were you notified?

What details were notified?

What type of property caused the accident?

(Eg. Defect in property or spillage of some substance)

3. Plant or Equipment: Yes No

If Yes, describe plant or equipment and its uses:

4. Motor Vehicle:

Yes No

Type of Vehicle:

Registration Number:

Drivers Name:

Address:

Postcode:

Owners Name:

Address:

Postcode:

5. Animal

Yes No

Type of animal:

How long have you owned the animal?

Is the animal normally confined behind fences?

Yes No

Has the animal been involved in any similar incidents?

Yes No

Conditions

Type of Footwear:

Flat Shoes:

High Heels:

Thongs:

Other:

Was third party:

Carrying Parcels?

Yes No

Wearing Spectacles?

Yes No

Using Cane/Crutches?

Yes No

Lighting:

Excessive: Yes No

Inferior: Yes No

Satisfactory: Yes No

Walking Surfaces:

Wet: e

Dirty: e

Uneven: e

Broken: e

Worn: e

Torn: e

If Child involved:

Was he/she accompanied by an adult at time of accident? Yes No

Treatment

Was treatment given at the scene of the accident? Yes No

If Yes, by whom:

Address:

Postcode:

How severe was the injury in your opinion:

Trivial: e

Minor: e

Major: e

Serious: e

Was transport provided? Yes No

Was the Ambulance used? Yes No

Witness and their relationship

(i.e. employer, members of your family, etc)

Name

Address

Relationship

	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Police

Did a Police officer attend the accident / incident? Yes No

If Yes, name of Police Officer:

Did Police lay any charges or intimate action may be taken? Yes No

If Yes, please supply full details :

Property Damage

Description of property damaged:

Nature and extent of damage:

Has any demand for damage been made against you? Yes No

Please attach any demands:

To avoid unnecessary delay in processing your claim, it is important that you attach documentation to support :

- Ownership of all property claimed, eg. Original invoices, owners manuals, photos, receipts, etc...
- The repair / replacement of your loss. Eg. Original invoices, receipts, etc... by trade suppliers / repairers – itemising the precise nature of their quotation or work under taken eg. Size, model, type, age, hours, cost of labour, parts, prices...

Attachment:
 Attach any supplementary information

here

* Indicates a mandatory field.

Submit

Privacy

The Privacy Act 1988 requires us to tell you that we as broker and the insurer collect your personal and sensitive information in order to calculate your loss and entitlements, determine the insurer's liability, compile data and handle claims.

When handling claims we and the insurer may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents, or other parties as required by law.

Where you give us information about other persons you must have their consent to this and provide it on their behalf. If not, you must tell us.

You have the right to seek access to your personal information and to correct it at any time. Please contact us to advise if any changes are required.

Internal Dispute Resolution (IDR) Statement

Disputes are not an everyday occurrence. However insurers provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details. If you are not satisfied with the outcome of that process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

Declaration (must be completed)

1. I/We the insured do solemnly and sincerely declare that I/We have complied with the conditions and warranties (if any) of the policy and have not deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or misrepresentation and that the information shown on the form is true and the I/We have not concealed any information relating to this claim. I/We understand that this claim may be refused if the information is untrue, inaccurate or concealed.
2. Further it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the company any sum which may have been paid to me/us in respect of such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.
3. I/We acknowledge that I/we have read and understood the Privacy Act information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim.
4. I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information, then the broker and the insurer will be unable to process my/our claim.

Date: _____ Signature: _____

How To Get Quick Action On Your Claim

1. Complete the attached form and return to our office. If an assessor is appointed, give them the forms.
2. Attach all original quotations or invoices obtained for replacement of or repair to the damaged or missing property. Photocopies are not accepted as a rule.
3. Attach original valuations and receipt of purchases whenever possible.
4. Advise the Police immediately in the event of loss by burglary, housebreaking, theft, suspected malicious damage. Also make sure the premises are secure to avoid further incidents. Note: Police reports are very slow so if you can obtain one at the time the report is taken, then this will save valuable time or at least obtain a copy or report number.
5. Attach any letter of demand or other correspondence that you may receive from any Third Party.
6. Do not make any admission of liability for loss or damage caused by you to the Third Parties.

WHAT WE WILL DO - IF THE PAPERWORK IS CORRECT AND COMPLETE: -

1. Submit the claim form to the Insurer
1. If the claim has not been paid within 30 days we will contact the Insurer and then advise you accordingly

- | We will then follow up the claim when necessary until settlement is reached, however, please feel free to call at any time

WHAT AN ASSESSOR WILL DO:-

- | An assessor is an independent person who is appointed by the Insurer for their expertise in helping you finalise a larger or more difficult claim
- | They will interview and obtain details of a loss and arrange for quotes and prepare the necessary paperwork
- | The assessor is your contact point
- | The assessor will write a report to the Insurer recommending a course of action
- | This can take time depending on their work load and Police Reports
- | The Insurer will not act until these reports are received and although not bound by the assessor recommendations, the Insurers usually accept these reports.
- | If you are unhappy with any aspect of the claim, advise the assessor. If he is unable to correct the problem then contact us immediately. We will not know of any problem without being advised.
- | If you are unhappy with the assessor's responses, contact us immediately.