

Section 2 – Legal Liability Claim Notice Form

This form is issued to enable the insurer to initiate any claim which might arise, and it is therefore essential that the questions asked are fully and accurately answered.

You are reminded that in no circumstances should you admit liability or make any offer or enter into any correspondence with relation to any incident which may result in a claim under your policy.

*** NO LIABILITY IS ADMITTED BY THE ISSUE OF THIS FORM ***

Policy Details

Policy number

ABN (if applicable)

Your name

Street address

City

State

Postcode

Postal address

City

State

Postcode

Email address

Mobile phone

Are you aware of the existence of any other insurance policy (whether or not in Your name) which would provide either partial or complete coverage for the damage?

Yes

No

If so, please give details

Has any claim been made on you either verbally or in writing?

Yes

No

If so, please give details and enclose any third party communications

General Incident Details

Place of incident

Date of incident

Time of incident

Who reported the incident to you and at what date and time?

Name

Date

Time

Describe fully how the incident occurred (please detail more fully on attached papers including any sketches where you feel they are appropriate)

Was the incident due to any breakdown or defect in works, machinery or plant?

Yes

No

If so, please give details

Can the incident be attributed to fault or negligence?

Yes

No

If so, please give details of the party at fault or negligence including their employer details

Describe fully the loss or injury sustained (please detail more fully on attached papers including any sketches where you feel they are appropriate)

What is the name and address of the person injured or owners of the property lost or damaged?

Name

Address

City

State

Postcode

Has any estimate of cost become available? Yes No

If so, please give details

Has any demand for injury and / or damage been made against you? Yes No

If so, please give details and provide correspondence / documentation

Have you admitted responsibility in any way? Yes No

If so, please give details

Witnesses

Were there any witnesses to the accident? Yes No

Witness 1 name

Relationship to you

Witness 1 address

City

State

Postcode

Witness 1 email address

Witness 1 mobile phone

Witness 2 name

Relationship to you

Witness 2 address

City

State

Postcode

Witness 2 email address

Witness 2 mobile phone

Declaration

I / We declare that the whole of the statements made by me / us in this Claim Notice Form are in every respect true to the best of my / our knowledge and that no person(s) has / have an interest in the damage or liability other than as stated herein.

Signature

Print Name

Date