

# Liability Claim Form

**Under no circumstances must the policyholder admit liability either verbally or in writing.**

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

To be completed when accident causes damage to property or injury to a member of the public.

If there is not enough room on this form for your answers, please attach a separate sheet, indicating the Section and Question you wish to complete.

## Your Privacy

Logical Insurance Brokers is bound by the Privacy Act 1988 (Cth).

We are committed to protecting your privacy.

We collect, use, process and store personal information and, in some cases, sensitive information about you and your company to assist us manage your claim. Your insurer will be provided with this information in order to assess your claim. By providing this information to us, and your insurer, you consent to our, and your insurers, use of this information. This includes us, and your insurers, disclosing your information, where relevant, to affiliates of your insurers, other insurers and reinsurers and any service providers (including loss adjusters, surveyors, lawyers, accountants and investigators), insurance reference bureaus, and any business partners as required by law within Australia or overseas. You understand that any personal and sensitive information disclosed to organizations located overseas may not be protected in the same way as it is in Australia.

Even though we have no control over how the information will be used and disclosed, you consent to us disclosing your personal and sensitive information to those overseas organisations for the purposes described above. If you do not provide the requested information or consent to its collection and disclosure as described above, we may not be able to effectively manage your claim and your insurers may not be able to adequately assess your claim, or your claim may be delayed or your insurers may not accept your claim.

Your insurers may also obtain information from government offices and third parties to assess the claim in the event of loss or damage. Information about how to access the personal information we hold about you, have it updated or corrected or how to make a complaint about how your personal information is contained within our Privacy Policy. Please refer to our website for further information.

## Contact us

You can contact our Privacy Officer using the details below:

### Privacy Officer

Suite 21 Level 2 8 Hill Street Surry Hills NSW 2010  
PO Box 103  
Darlinghurst NSW 1300

**Phone** 02 9328 3322  
**Facsimile** 02 9328 3323  
team@logicalinsurance.com.au

Claim Number

## Section 1. Details of the Policyholder

The supply or acceptance of this form is not an admission of liability on the part of the insurer.

Name

Address

Post Code

Email

Mobile

Work Phone

Home Phone

Fax

Policy Number

Expiry Date

What is your Australian Business Number (ABN)?

Are you registered for GST?

Yes

No

To what extent are you entitled to claim an Input Tax Credit on the GST applicable to the premium?

 %

Your Occupation/Bus/Industry/Trade

Name any other interested party

How interested

Address

Post code

Is there any other Insurance in force which would cover this in whole or part

Yes

No

If **YES**, please advise in the space provided

Insurer's Name

Policy Details

## Section 2. Details of Loss/Damage/Injury/Occurrence

Date of Loss / Damage / Injury / Occurrence  Time

When was it reported to you (if applicable)?  Time

Place and/or premises where it occurred

Was there any personal injury? Yes  No

If **YES**, please state; name(s), address(es) and contact number(s) of injured person(s);

Name	Address	Phone No.

Nature and extent of injuries

.....

.....

.....

Is there a digital record of the Incident? Video/Closed Circuit  Photo  None

Name of Doctor and/ or Hospital (if applicable)

.....

.....

Was there any Third Party Property Damage? Yes  No

If **YES**, please state; name(s), address(es) and contact number(s) of owners(s);

Name	Address	Phone No.

Nature and extent of damage

---

---

---

Is the injured person or owner of damaged property in the employ, engaged as a contractor or sub-contractor, a family member or relative of the policyholder?

Yes  No

If **YES**, please provide full details.

---

---

---

Has any claim been intimated or made against you (either in writing or verbally)?

Yes  No

If **YES**, state full details and attach all communication received.

---

---

---

Did you admit liability in any way?

Yes  No

If **YES**, provide full details.

---

---

---

### Section 3. Responsibility/Witnesses

Have you any other information of which you consider your insurance company should be aware?

---

---

---

In your opinion was any other person(s) responsible for loss or damage or cause of the Occurrence?

Yes  No

If **YES**, please give details

Full Name

Address

Bus Phone  Pvt Phone  Fax

Reasons why you believe they are at fault

Was there a witness or witnesses to this event?

Yes  No

If **YES**, please give full details

Name of Witnesses

Address

Bus Phone  Private Phone  Fax No.

## Section 4. Insurance History

Have you ever previously sustained loss/damage or caused damage or injury to third parties?

Yes  No

If **YES**, give details of such losses and amounts involved

Was an Insurance Company involved?  
If **YES**, please state name of company and year of claim

Yes  No

.....

.....

In the past 5 years, has the Policyholder:

been convicted of, or had any fines or penalties imposed for any crime?  
If **YES**, please provide details

Yes  No

.....

.....

had an insurance policy declined, cancelled or conditions imposed?  
If **YES**, please provide details

Yes  No

.....

.....

### Declaration and authorisation (must be completed)

I/We declare that the above statements are true, correct and complete in every detail and that I/we have not suppressed or mis-stated any facts. I/we understand the claim may be refused if information is not true or is withheld.

I/We authorize insurers to give and to obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the insureds credit or insurance history as well as insurance claims information obtained during the course of this contract.

I/We expressly agree that the information given by me/us is provided with my full knowledge and consent and further agree to hold harmless and indemnify Logical Insurance Brokers 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 claims form headed "Your Privacy".

Date: \_\_\_\_\_

Signature of the insured: \_\_\_\_\_