

Liability Claim

Policy Number Claim Number	Policy Number	Claim Number	
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- NOTES: 1. The issue of this form does not constitute an admission of liability on the part of the insurer.
 - 2. IF anyone holds you responsible for their accident/injury, insist their claim must be in writing.
 - 3. Any communication received must be forwarded to QBE immediately.
 - 4. Do not admit liability. Please do not disclose to Claimants the existence of a policy.
 - 5. If there is insufficient space or further comment on any area is considered necessary, please use additional pages.

The Insured															
Full Name (Block Letters)	Surname						Given N	lame(s	s)						
Postal Address															
										Postcode					
Are you registered for			Yes		your ABN										
	d or intend to claim an input tax credit on the of the premium applicable to the Policy? No Yes - Will you be claiming an amount less than 100%? No Yes - Specify amount claimed														
Are you entitled to claim an input tax credit for repairs or No Yes - Will you be claiming an amount less than 100%?															
replacement of the i	eplacement of the item that has been lost or damaged? No Yes - Specify amount claimed %														
Contact Numbers	Business	()						Priv	ate	()				
Contact Numbers	Facsimile	()						Mok	bile						
Third Party															
Full Name															
Postal Address										5	State			Postcode	
Contact Numbers	Business	()				Р	rivate	()					Age	
D 11 1 6															
Particulars of	Accident	/incide	nt												
Particulars of A	Accident /		ent Time		am/pm	Date re	eported	d to y	/ou		/	/	Time	е	am/pm
		/incide /			am/pm	Date re	eported	d to y	/ou		/	/	Time	е	am/pm
Date	/	/	Time	,	am/pm	Date re	eportec	d to y	/ou		/	/	Tim	Э	am/pm
Date Location	/	/	Time		am/pm	Date re	eported	d to y	/ou		/	/	Tim	Э	am/pm
Date Location	/	/	Time		am/pm	Date re	eportec	d to y	/ou		/	/	Time	е	am/pm
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Date Location	/	/	Time		am/pm	Date re	eportec	d to y	/ou		/	/	Time	е	am/pm
Date Location	/ ccident/incid	/ dent occu	Time		am/pm	Date re	eportec	d to y	//ou		/	/	Time	Э	am/pm
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Date Location Describe how the acceptance of the control of the	/ ccident/incid	/ dent occu	Time		am/pm	Date re	eported	l to y	/ou		/	/	Time	Э	am/pm
Date Location Describe how the acceptance of the control of the	/ ccident/incid	/ dent occu	Time		am/pm	Date re	eportec	i to y	/ou		/	/	Time	e e	am/pm
Date Location Describe how the acceptance of the control of the	/ ccident/incid	/ dent occu	Time		am/pm	Date re	eportec	1 to y	/ou		/	/	Time	e e	am/pm
Date Location Describe how the ac	/ ccident/incid	/ dent occu	Time		am/pm	Date re	eported	I to y	//ou			/	Time	э	am/pm

How Reporte									,	`	
Reported by – Nar								Phone	()	
– Add								Postcode	,	`	
– Nar								Phone	()	
– Add		1						Postcode			
– Hov		In person		By Telephone		By Letter		Other			
Reported to - Nar								Phone	()	
– Ado								Postcode			
– Pos	sition										
Cause											
Was accident due	to: T	he actions	of any indiv	iduals Proper	ty 🗌	Plant or Equipme	ent 🗌 A	Motor Vehic	le 🗌	An Anin	nal 🗌
PLEASE COMPLE	ETE FU	LL DETAIL:	S OF APPR	OPRIATE SECTION	BELOW	/ :					
Actions of Individu	ıal/s:										
Please provide the	eir name	, address a	nd relations	ship to you (i.e. claima	ant, emp	loyee, member of	your family	y, sub-contra	ctor, e	tc.)	
·	Nam					Address		•		Relations	ship
											•
Dronorty				1							
Property Do you own the pr	roporty?					Yes No	If "NI	o", state nam	o and	address of	ownor
Do you own the pr	operty?					ies 🗀 ivo	- N	o, state nam	e anu	address or o	owner
Do you occupy the	e proper	ty?			Yes	No - If "No"	, state nan	ne of tenants	and th	e type of te	nancy
		n of any def		rd by your agent or to		I				Yes	s No No
If "Yes", date notifi		,	/ By	whom were you notif	fied						
What details were	notified	?									
What type of prope											
(e.g. defect in the	property	or spillage	of some su	ubstance, etc.)?							
Plant Equipment											
Describe plant or e	equipme	ent and it's	uses:								
Motor Vehicle											
Type of Vehicle:								Rego No).		
Drivers Name:											
Address:											
										Postcode	
Owners Name:											-
Address:										Postcode	
Animal											
Type of Animal											
How long have you	II Owned	the Anima	al?								
										.,	
Is the Animal norm										Yes	
Has the Animal been involved in any similar incidents?											

Treatment										
Was treatment given at the scene of the accident?										
If "Yes", by whom?										
Address:					Postcode					
How severe was the injury	in your opinion:	Trivial 🗌	Minor	Major 🗌	Serious					
Was transport provided? Yes No Was Ambulance used? Yes No										
Witness and their Relationship (i.e. employer, members of your family, etc.)										
Name	Tolationomp	(i.e. employer, membe	Address		Relationship					
Police										
Did a Police Officer attend	I the accident/inc	ident?			Yes No					
If "Yes", name of Police O	fficer			Police Station						
Did police lay any charges	or intimate actio	n may be taken?	N	o ☐ Yes ☐ — If "Yes", ple	ease supply full details.					
		•		•						
Property Damage										
Description of property damaged:										
Nature and extent of damage:										
nature and extent of damage:										
Did a Police Officer attend		ident?			Yes No No					
Please attach any demand	ds.									
Privacy										
ORE includes information	about how we m	anage your personal inf	ormation in our Product Dis	sclosure Statements and P	olicy hooklets. You can					
obtain a copy of the QBE	Privacy Policy S	Statement from our web	esite www.qbe.com or con							
or email compliance.mar	nager@qbe.com	for further information.								
Declaration and Av	thoriogtics									
Declaration and Au	linorisation									
The information and answ	vers given above	are true, correct and cor	mplete in every detail.							
1. I/We understand the	claim may be refu	used if information is not	true or is withheld.							
			d obtain from other insurers							
agencies any informa course of this contrac	_	e insured's credit or insi	urance history as well as ins	surance ciaims information	obtained during the					
r				1						
Signature of Insured 1.	X			Date	/ /					
Signature of Insured 2.	X			Date	/ /					

PLEASE CHECK THAT THIS FORM HAS BEEN FULLY COMPLETED AS ANY OMISSIONS MAY DELAY YOUR CLAIM.

Return the completed form to your Financial Services Provider or mail to QBE Insurance, GPO Box 4229, Sydney NSW 2001.