

The completion of this form is to report:

- Any accident which has caused bodily injury or property damage; or
- Any accident which has the potential to result in a personal injury or property damage claim.

If you have received any written communication, do not answer. Attach to this claim

Claim Number

Name of Insured: _____
 Contact Person _____
 Home Phone No. _____ Work Phone No. _____ Mobile No. _____
 Email _____ Occupation _____
 Postal Address _____

 _____ Postcode _____
 Broker/Agent Name _____ Phone No. _____
 Policy No. _____ Excess \$ _____
 Inception Date _____ Expiry Date _____

G.S.T.: Are you registered for GST purposes? Yes No A.B.N. _____

To what extent are you entitled to claim an Input Tax Credit on the GST for this policy? _____ %

Premises Leased? Yes No Have premises been altered since Incident? Yes No

If yes, give details _____

Incident / Accident: Date _____ Time _____ am/pm Date Reported _____

Location _____

Purpose for which location was being used _____

Who was incident reported to? _____ Employee Yes No

Describe the Incident (including the cause and source of information) _____

Products Liability: (If applicable, please complete the following)

Product Name _____ Model No. _____
 Serial No. _____ Lot No. _____ Batch No. _____
 Customer's Name _____ Phone No. _____
 Address _____
 _____ Postcode _____

Property Damaged:

Nature and extent of damage Estimated Cost \$

Name of Owner of damaged property

Address

Postcode

Phone No. (Home) Phone No. (Work) Mobile No.

Personal Injury:

Name of Person Injured

Age years Sex Male Female Occupation

Address

Postcode

Phone No. (Home) Phone No. (Work) Mobile No.

Nature of Injury

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

If Yes, by whom (if ambulance or doctor, give details)

Address

Postcode

Was transport provided to hospital? Yes No

Witnesses: Were there any witnesses to the event? Yes No (If yes, please complete the following)

Name

Address

Postcode

Phone No. (Home) Phone No. (Work) Mobile No.

Where was the Witness?

Second Witness:

Name

Address

Postcode

Phone No. (Home) Phone No. (Work) Mobile No.

Where was the Witness?

Privacy: The Privacy Act 1988 requires us to tell you that as an insurer we collect your personal and sensitive information in order to calculate your loss and entitlements, determine our liability, compile data and handle claims. When handling claims, we 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.

You have the right to seek access to your personal information and to correct it at any time. Please contact us on 1300 360 529 EST 9am-5pm, Monday-Friday and advise us of the changes.

IDR Statement: Disputes are not an everyday occurrence at Allianz. However we do 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 this process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

Declaration: I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed. I/We acknowledge that I/we have read and understood the Privacy Act 1988 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, with their approval. I/we acknowledge that if I/we do not agree to the collection of this personal and sensitive information then Allianz will be unable to process my/our claim.

Signature of Insured Date