

Public Liability Claim Form



It is essential that this form be returned directly to Ansvar Insurance, with all questions answered, at the earliest opportunity. Please print your answers and where appropriate.

Office use only Claim number

1. Policyholder details

Name/Business name	Policy number		
Address		State	Postcode
Telephone: Home	Telephone: Work	Telephone: Mobile	
Email	Occupation		

2. Accident details

Date of accident / / Time am/pm

Describe how and where the accident occurred

If insufficient room, use space on back of form or attach separate sheet.

Victoria AD GPO Box 1655 Melbourne 3001 FX +61 3 9614 1545	New South Wales AD PO Box 1410 Parramatta 2124 FX +61 2 9687 9564	Queensland AD GPO Box 747 Brisbane 4001 FX +61 7 3221 6721	South Australia AD PO Box 630 Fullarton 5063 FX +61 8 8338 1920	Western Australia AD PO Box 840 West Perth 6872 FX +61 8 9324 2013	Tasmania AD PO Box 330 Launceston 7250 FX +61 3 9614 1545
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3. Name and address of other party

Name

Address

State

Postcode

Telephone

Has a claim been made by other party?

Yes

No

Have you admitted liability?

Yes

No

4. Was there a witness to the accident?

Yes

No

If yes, name and address of witness

Name

Address

State

Postcode

Telephone

5. Do you have a public liability policy with another insurer?

Yes

No

If yes, name and address of company

Name

Address

State

Postcode

Telephone

6. Goods and services tax To ensure you do not incur any unnecessary GST liabilities on this claim complete these details

Are you registered for GST purposes?

Yes

No

What is your ABN?

If you have registered and have an ABN, have you claimed or will you be claiming an input tax credit on the GST applicable to this policy?

Yes

No

Is the amount claimed less than 100% of the GST applicable to the premium?

Yes

No

Specify the percentage amount claimed

%

7. Electronic Funds Transfer Settlement of your claim may involve a cash settlement. Please complete the following if you are interested in an EFT Payment

Account name

BSB number

Account number

8. I declare that all the information I have given is true and correct

Signature

Date

/ /

Ansvar Insurance is a member of the insurance industry's impartial Insurance Ombudsman Service. This independent service is provided to the insuring public at no cost and aims to resolve claims complaints quickly and informally. In the unlikely event of a complaint arising, you should firstly contact the local Ansvar Insurance Regional Manager. In most cases the problem will be resolved easily. If you are not satisfied with the response given by the Regional Manager you may contact our Internal Dispute Resolution Committee for advice and assistance in resolving your claim.

Privacy The information we collect assists us to make a decision on whether we will accept your claim. If you do not provide this information we may be unable to process your claim. We may use third party suppliers (agents, loss adjusters, assessors and mailing houses) to carry out specialised activities on your behalf. These organisations are aware of their obligations under Privacy provisions. At any time you may request access to your personal information and correct it if it is wrong. We value the personal information you give to us and we will take all reasonable precautions to prevent unauthorised access to this information.