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Liability Claim Form

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

The Privacy Act 1988 requires us to make the following disclosure before collecting personal information about you:

We collect personal information in order to provide our broking services including assistance with insurance claims. We will ask you to supply personal information on this form so we can assist you to submit your insurance claim and have it considered by the insurer. We will disclose this information to the insurer for this purpose.

If the personal information is not provided, the insurer may not be able to assess and pay the claim and we may not be able to assist with your claim.

We and the insurer may disclose the personal information to other people involved in reviewing the claim, including reinsurers, other insurance intermediaries, the insurer's advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process.

Your information will be disclosed to organisations overseas if your policy is underwritten by an overseas insurer. If your insurer is overseas, information about where the insurer is located is set out below:

By signing this form, you consent to us and the parties mentioned above collecting, using and disclosing personal and sensitive information about you for the purposes described above.

You understand that any personal and sensitive information disclosed to organisations 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.

Further 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 in our Privacy Policy on our website:

www.surewise.com.au

Contact us.

You can contact our Privacy Officer using the details below.

Privacy Officer

1st Floor 50 Hindmarsh Square
Adelaide SA 5000

PO Box 6095 Halifax Street
Adelaide SA 5000

Phone 08 8413 6300
Facsimile 08 8211 9838

claims@surewise.com.au

SW Claim Reference Number

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1. DETAILS OF POLICYHOLDER

Full Name

Address

Occupation or Trade

Telephone (A/H)

Telephone (B/H)

Email Address

Insurer

Policy Number

Account Manager

Client Code

Expiry Date

2. DETAILS OF ACCIDENT/INJURY

Where did the Event occur?

Date of accident

Time of accident

Was there any personal injury? ◯ **Yes** ◯ **No**

If Yes, please state:

i). Name(s), address(es) and contact number(s) of injured person(s)

Name 1

Phone

Address

Postcode

Name 2

Phone

Address

Postcode

ii). Nature and extent of injuries

1.

2.

Record of incident? ◯ **Video/Closed Circuit** ◯ **Photo** ◯ **None**

iii). Name of Doctor and/or Hospital (if applicable)

1.

2.

Was there any Third Party Property Damage? ◯ **Yes** ◯ **No**

If **Yes,** please state:

i). Name(s), address(es) and contact number(s) of owner(s)

Name 1		Name 2	
Phone		Phone	
Address		Address	
	Postcode		Postcode

ii). Nature and extent of injuries

1.

2.

Is the third party:

i. an employee of the policyholder? ◯ **Yes** ◯ **No**

ii. an employee of a subcontractor? ◯ **Yes** ◯ **No**

iii. a member of the policyholder's family? ◯ **Yes** ◯ **No**

iv. ordinarily a resident in the policyholder's home? ◯ **Yes** ◯ **No**

Have you received any Demands from the third party or representative?

i. verbally? ◯ **Yes** ◯ **No** If **Yes,** To whom were the demands addressed?

ii. in writing? ◯ **Yes** ◯ **No** If Yes, please attach correspondence

Name of your employee in charge at the time of the accident

Give details of all witnesses, if any:

Name 1		Name 2	
Phone		Phone	
Address		Address	
	Postcode		Postcode

State fully and clearly the circumstances surrounding the accident:

3. ABN DETAILS

Are you a registered business? ◯ **Yes** ◯ **No**

What is your ABN number?

What percentage of GST **(if not 100%)** in your premium did you claim as an Input Tax Credit for the period of insurance in which this loss occurred?

In the past 5 years, has the Policyholder:

i. been convicted of, or had any fines or penalties imposed for any crime? ◯ **Yes** ◯ **No**

ii. had an insurance policy declined, cancelled or conditions imposed? ◯ **Yes** ◯ **No**

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4. DECLARATION

I declare that the above statements are true, that I have not suppressed or mis-stated any facts. I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify Surewise 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 proposal headed "Your Privacy".

Claimant 1 Full Name *(Please use block letters)*

Claimant 2 Full Name *(Please use block letters)*

Claimant 1 Signature

Claimant 2 Signature

Date

Date

☐ This electronic signature will be treated the same as if signed personally *(tick to sign)*

5. BANK DETAILS

BSB Number

Account Number

Account Name

SAVE PRINT RESET