



# Liability Claim

Policy Number

Claim Number

- 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 Commercial 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 Name(s)						
Postal Address							State	Postcode		
Are you registered for GST?	No <input type="checkbox"/> Yes <input type="checkbox"/>		What is your ABN?							
Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the Policy?	No <input type="checkbox"/> Yes <input type="checkbox"/> – Will you be claiming an amount less than 100%?									
	No <input type="checkbox"/> Yes <input type="checkbox"/> – Specify amount claimed       %									
Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?	No <input type="checkbox"/> Yes <input type="checkbox"/> – Will you be claiming an amount less than 100%?									
	No <input type="checkbox"/> Yes <input type="checkbox"/> – Specify amount claimed       %									
Contact Numbers	Business	(   )				Private	(   )			
	Facsimile	(   )				Mobile				

Third Party										
Full Name										
Postal Address							State	Postcode		
Contact Numbers	Business	(   )				Private	(   )			Age

Particulars of Accident/incident									
Date	/	/	Time	am/pm	Date reported to you	/	/	Time	am/pm
Location									
Describe how the accident/incident occurred.									
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If you have admitted responsibility in any way give details.									
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How Reported			
Reported by – Name		Phone	( )
– Address		Postcode	
– Name		Phone	( )
– Address		Postcode	
– How ✓	In person <input type="checkbox"/>	By Telephone <input type="checkbox"/>	By Letter <input type="checkbox"/>
		Other <input type="checkbox"/>	
Reported to – Name		Phone	( )
– Address		Postcode	
– Position			

Cause			
Was accident due to: The actions of any individuals <input type="checkbox"/> Property <input type="checkbox"/> Plant or Equipment <input type="checkbox"/> A Motor Vehicle <input type="checkbox"/> An Animal <input type="checkbox"/>			
<b>PLEASE COMPLETE FULL DETAILS OF APPROPRIATE SECTION BELOW:</b>			
Actions of Individual/s:			
Please provide their name, address and relationship to you (i.e. claimant, employee, member of your family, sub-contractor, etc.)			
Name	Address		Relationship
<b>Property</b>			
Do you own the property? Yes <input type="checkbox"/> No <input type="checkbox"/> – If “No”, state name and address of owner			
Do you occupy the property? Yes <input type="checkbox"/> No <input type="checkbox"/> – If “No”, state name of tenants and the type of tenancy			
Had any notice been given of any defect or hazard by your agent or tenants? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If “Yes”, date notified	/ /	By whom were you notified	
What details were notified?			
What type of property caused the accident? (e.g. defect in the property or spillage of some substance, etc.)?			
<b>Plant Equipment</b>			
Describe plant or equipment and it’s uses:			
<b>Motor Vehicle</b>			
Type of Vehicle:		Rego No.	
Drivers Name:			
Address:			Postcode
Owners Name:			
Address:			Postcode
<b>Animal</b>			
Type of Animal			
How long have you owned the Animal?			
Is the Animal normally confined behind fences? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Has the Animal been involved in any similar incidents? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Treatment			
Was treatment given at the scene of the accident?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes", by whom?			
Address:			Postcode
How severe was the injury in your opinion: Trivial <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Serious <input type="checkbox"/>			
Was transport provided? Yes <input type="checkbox"/> No <input type="checkbox"/>		Was Ambulance used? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Witness and their Relationship (i.e. employer, members of your family, etc.)		
Name	Address	Relationship

Police	
Did a Police Officer attend the accident/incident? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "Yes", name of Police Officer	Police Station
Did police lay any charges or intimate action may be taken? No <input type="checkbox"/> Yes <input type="checkbox"/> – If "Yes", please supply full details.	

Property Damage	
Description of property damaged:	
Nature and extent of damage:	
Did a Police Officer attend the accident/incident? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please attach any demands.	

**Privacy**

QBE includes information about how we manage your personal information in our Product Disclosure Statements and Policy booklets. You can obtain a copy of the **QBE Privacy Policy Statement** from our website [www.qbe.com](http://www.qbe.com) or contact the Compliance Manager on 02 9375 4656 or email [compliance.manager@qbe.com](mailto:compliance.manager@qbe.com) for further information.

Declaration and Authorisation	
The information and answers given above are true, correct and complete in every detail.	
1. I/We understand the claim may be refused if information is not true or is withheld.	
2. I/We authorise QBE Insurance (Australia) Limited to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.	
Signature of Insured 1.	Date
<input type="text" value="X"/>	<input type="text" value="/ /"/>
Signature of Insured 2.	Date
<input type="text" value="X"/>	<input type="text" value="/ /"/>

**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.

This Policy is underwritten by QBE Insurance (Australia) Limited ABN 78 003 191 035 of 82 Pitt Street, Sydney.