

Liability Claim Form

Important Information:

- Do not admit liability – ask for the claim to be put in writing and refer correspondence to your broker.
- Ensure that full details of your claim are provided – attach additional sheets if you need more room.

Insured Details

Insured Name:					
Are you registered for GST purposes?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	ABN:		
Have / do you intend to claim an Income Tax Credit on this policy's GST?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	ITC %:		
Policy Number			Insurer:		
Address:					
Suburb:		State:		Postcode:	
Landline:			Mobile:		
Email Address:					

Bank Details for Settlement or Reimbursement

Account Name:					
Bank:					
BSB:		Account No.:			

Incident Description

Address of Incident:					
Suburb:		State:		Postcode:	
Date of Incident:			Time of Incident:		



Other Parties

Have you received formal demand or claim from another person?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, please advise below	
First Name:		Surname:			
Address:					
Suburb:		State:		Postcode:	
Landline:		Mobile:			
Email Address:					
Solicitor:					
Relationship to Insured:	<input type="checkbox"/> Employee	<input type="checkbox"/> Client	<input type="checkbox"/> Supplier	<input type="checkbox"/> Personal	<input type="checkbox"/> Other

Witness Details

Witness 1:

First Name:		Surname:			
Address:					
Suburb:		State:		Postcode:	
Landline:		Mobile:			
Email Address:					
Relationship to Insured:	<input type="checkbox"/> Employee	<input type="checkbox"/> Client	<input type="checkbox"/> Supplier	<input type="checkbox"/> Personal	<input type="checkbox"/> Other

Witness 2:

First Name:		Surname:			
Address:					
Suburb:		State:		Postcode:	
Landline:		Mobile:			
Email Address:					
Relationship to Insured:	<input type="checkbox"/> Employee	<input type="checkbox"/> Client	<input type="checkbox"/> Supplier	<input type="checkbox"/> Personal	<input type="checkbox"/> Other



Privacy

The Privacy Act 1988 governs how companies can collect, store, and use your information. Your account manager can supply a copy of your Insurer's Privacy Policy at your request. In relation to claims, your insurer may have to disclose your data to Third Parties such as repairers, assessors, police, credit agencies, and Third Party Insurers, as and where it relates to your claim. If you do not wish for this information to be disclosed, please advise us, however it may affect your claim's ability to be acted upon.

Declaration

I/we declare that to the best of my/our knowledge and belief, the information provided in this form and in any attached documentation is true and correct and that I/we have not withheld any relevant information.

I/we consent to the Insurer and/or its agent using the personal information I/we have provided for the purpose of processing my claim. I/we understand that if I/we choose not to provide the required details, this is my/our choice; however, the Insurer and/or its agent may not be able to process my/our claim.

I/we consent to the Insurer and/or its agent disclosing my/our personal information to other insurers, an insurance reference service, claims adjusters, lawyers and other consultants or as required by law. I/we also consent to the Insurer and/or its agent disclosing my/our personal information to and/or collecting additional information about me/us, from investigators or legal advisors.

I/we acknowledge that I/we have read and understood the Privacy Statement and consent to the collection, storage, use and disclosure of personal and sensitive information to all persons affected by this claim.

I/we acknowledge that if I/we do not agree to the collection of this personal information then the Insurer and/or its agent will be unable to process my/our claim.

I/we authorise the Insurer or its agent 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.

Signed (Insured): _____

Date: _____

- Please submit your claim by emailing this form and any supporting documents to your Account Manager or your branch; sydney@risgroup.com.au / orange@risgroup.com.au / dubbo@risgroup.com.au
- We recommend that you either cc yourself into the email or that you keep a hard copy for your records.
- Before you email the form, please ensure that you have completed / attached the following;
 1. All relevant questions on the claim form
 2. Images of damage
 3. Any correspondence received from third party's
 4. Copies of quotations / invoices for repair / damage