



Public Liability Insurance Claim Form

Section 1 – DETAILS OF THE INSURED

Policy Number	
Name of Insured	
Address	
Contact Number	
Email Address	

Are you registered for GST? Yes No

Australian Business Number (ABN)? - - -

To what extent are you entitled to claim an Input Tax Credit on the GST applicable to the premium? %

Occupation / Business / Industry / Trade

Is there any other Insurance in force which would cover this in whole or part? Yes No

If YES, please advise in the space provided

Insurer's Name	
Policy Number	

Section 2 – DETAILS OF LOSS / DAMAGE / ACCIDENT

Date of Loss / Damage		Time	
When was it reported to you (if applicable)		Time	
Address / Place / Premises where it occurred			

Please state full details of how Loss / Damage / or Accident occurred

Please describe nature of Damage or Injury

Record of incident Video / CCTV Photo Nil

Name and address of injured person or owner of damaged property

Name	Address	Phone/Mobile

Name of doctor / hospital (if applicable)

Name	Address	Phone/Mobile

Section 2 (cont.) – DETAILS OF LOSS DAMAGE OR OCCURRENCE

Is the third party:

an employee of the policyholders

Yes

No

an employee of a subcontractor

Yes

No

a member of the policyholder's family

Yes

No

ordinarily a resident in the policyholder's name

Yes

No

If YES, please please provide full details

Has any claim been made against you?

Yes

No

If YES, state full details and attach all communication receive

Did you admit liability in any way?

Yes

No

If YES, please please provide full details

Have you any other information of which you consider the company should be aware?

Were the Police Notified?

Date	
Police Station	
Police Officer's Name	
Police Report Number	

Section 3 – RESPONSIBILITY / WITNESSES

In your opinion was any other person(s) responsible for loss or damage?

Yes No

If YES, please give full details

Full Name	
Address	
Contact Number	
Email Address	
Reasons	

Was there a witness or witnesses to this event?

Yes No

If YES, please give full details

Full Name	
Address	
Contact Number	
Email Address	
Reasons	

Section 4 – INSURANCE HISTORY

Have you ever previously sustained loss / damage or caused damage or injury to third parties?

Yes No

If YES, please give details of such losses and amounts involved

Was an Insurance Company involved?

Yes No

If YES, please state name of company and year of claim

Have you been convicted of or had any fines or penalties imposed for any criminal offences in the last ten (10) years?

Yes No

If YES, please provide details

Have you had an insurance policy declined, cancelled or conditions imposed?

Yes No

If YES, please provide details

Section 5 – BANK DETAILS

Please provide bank details in order for your claim payment to be settled via EFT.

Bank BSB Number	
Bank Account Number	
Name of Bank	
Account Holder Name	

Section 6 – DECLARATION (must be completed)

I/We, the undersigned claimant(s) hereby declare that the foregoing statements and particulars of the claim are true and correct and that I/We have not withheld any information relevant to this claim.

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 Maxton Insurance Brokers 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”.

Name

Date

Signature

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.
- 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 not 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, have it updated or corrected or how to make a complaint about how your personal information is in our Privacy Policy on our website: maxton.com.au

CONTACT US

You can contact our Privacy Officer using the details below:

PRIVACY OFFICER

Rina Cuzzocrea

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