

The completion of this form is to report:

- Any accident which has caused bodily injury or property damage; or
- Any accident which has the potential to result in a personal injury or property damage claim.

**If you have received any written communication, do not answer. Attach to this claim**

**Claim Number**

Name of Insured: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Work Phone No: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Postal Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postcode \_\_\_\_\_

Broker/Agent Name \_\_\_\_\_ Phone No: \_\_\_\_\_

Policy No. \_\_\_\_\_ Excess \$ \_\_\_\_\_

Inception Date \_\_\_\_\_ Expiry Date \_\_\_\_\_

G.S.T.: Are you registered for GST purposes? Yes  No  A.B.N.: \_\_\_\_\_

To what extent are you entitled to claim an Input Tax Credit on the GST for this policy? \_\_\_\_\_ %

Premises Leased? Yes  No  Have premises been altered since Incident? Yes  No

If yes, give details \_\_\_\_\_

Incident / Accident: Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm Date Reported \_\_\_\_\_

Location \_\_\_\_\_

Purpose for which location was being used \_\_\_\_\_

Who was incident reported to? \_\_\_\_\_ Employee: Yes  No

Describe the Incident (including the cause and source of information) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Products Liability:** (If applicable, please complete the following)

Product Name \_\_\_\_\_ Model No. \_\_\_\_\_

Serial No. \_\_\_\_\_ Lot No. \_\_\_\_\_ Batch No. \_\_\_\_\_

Customer's Name \_\_\_\_\_ Phone No: \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

**Property Damaged:**

Nature and extent of damage	<input type="text"/>	Estimated Cost \$	<input type="text"/>
Name of Owner of damaged property	<input type="text"/>		
Address	<input type="text"/>		Postcode <input type="text"/>
Phone No. (Home)	<input type="text"/>	Phone No. (Work)	<input type="text"/>
		Mobile	<input type="text"/>

**Personal Injury:**

Name of Person Injured	<input type="text"/>		
Age	<input type="text"/> years	Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Occupation	<input type="text"/>		
Address	<input type="text"/>		Postcode <input type="text"/>
Phone No. (Home)	<input type="text"/>	Phone No. (Work)	<input type="text"/>
		Mobile	<input type="text"/>
Nature of Injury	<input type="text"/>		
Was treatment given at the scene of the Incident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes, by whom (if ambulance or doctor, give details)	<input type="text"/>		
Address	<input type="text"/>		Postcode <input type="text"/>
Was transport provided to hospital?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**Witnesses:** Were there any witnesses to the event? Yes  No  (If yes, please complete the following)

Name	<input type="text"/>		
Address	<input type="text"/>		Postcode <input type="text"/>
Phone No. (Home)	<input type="text"/>	Phone No. (Work)	<input type="text"/>
		Mobile	<input type="text"/>
Where was the Witness?	<input type="text"/>		

**Second Witness:**

Name	<input type="text"/>		
Address	<input type="text"/>		Postcode <input type="text"/>
Phone No. (Home)	<input type="text"/>	Phone No. (Work)	<input type="text"/>
		Mobile	<input type="text"/>
Where was the Witness?	<input type="text"/>		

**Privacy:** The Privacy Act 1988 requires us to tell you that as an insurer we collect your personal and sensitive information in order to calculate your loss and entitlements, determine our liability, compile data and handle claims.

When handling claims, we may have to disclose your personal and other information to third parties such as other insurers, loss adjusters, external

claims data collectors, investigators and agents, to the Insurance Reference Services (IRS), etc or other parties as required by law.

You have the right to seek access to your personal information and to correct it at any time. Please contact us on 1300 360 529 EST 9am-5pm, Mon-Fri and advise us of the changes.

**IDR Statement:** Disputes are not an everyday occurrence at Allianz. However we do provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details.

If you are not satisfied with the outcome of this process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

**Declaration:** I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.

use and disclosure of personal and sensitive information of all persons affected by this claim. I/we acknowledge that if I/we do not agree to the collection of this personal and sensitive information then Allianz will be unable to process my/our claim.

I/We acknowledge that I/we have read and understood the Privacy Act 1988 information referred to above and consent to the collection, storage,

Signature of Insured	<input type="text"/>	Date	<input type="text"/>
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