

LIABILITY CLAIM FORM

PLEASE ENSURE THAT ALL QUESTIONS ARE ANSWERED.

POLICY HOLDER/INSURED/BENEFICIARY INFORMATION			
Policy no			
Policy Type			
Name			
Business or Trading Name			
Address			
	State		Postcode
Website		Country	
Phone Number			
Mobile no			
Email			
DETAILS OF ACCIDENT/INCIDENT			
Date of Loss		Time	AM PM
Location of incident/accident:			
Please provide a description of the accident/incident:			
Please provide details of damaged property and/or injuries suffered:			
Have you admitted responsibility/ liability for the incident?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the claim involve a product that you manufactured or supplied to another person?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes" please provide details			

Were emergency services such as ambulance, police or fire brigade contacted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes', please provide details and attach reports if available:		
Did the accident or injury arise out of the use of a motor vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the motor vehicle registered or required to be registered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If unregistered, was the vehicle insured under a motor vehicle or other insurance policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you believe that another party or person is responsible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes', please provide details:		
DETAILS OF PARTY OR PARTIES MAKING CLAIM AGAINST YOU		
Name		
Address		
	State	Postcode
Phone Number	City	
Mobile no		
Solicitors Name		
WITNESSES		
Name		
Address		
	State	Postcode
Phone Number		
Mobile no		
Relationship (e.g. employee, family, friend, previously unknown):		
Name		
Address		
	State	Postcode
Phone Number		
Mobile no		
Relationship (e.g. employee, family, friend, previously unknown):		

Name			
Address			
	State		Postcode
Phone Number			
Mobile no			

DECLARATION

I declare that all information provided in respect of this claim is true and correct and that no relevant information has been withheld.

Signature

Date:

Name (Please print)

Please attach any supporting documentation and email along with this completed Claim Form to AGI@victorinsurance.com.au

Important Information

Policy Specific Notices

CLAIMS MADE DURING THE PERIOD OF INSURANCE

Where all or part of the policy provides cover on a claims made basis any claims first made against you AND reported to the insurer during the period of insurance are covered irrespective of when the act causing the claim occurred, subject to the provisions of the Prior and Pending Litigation Date stated in the Schedule.

Please note the effect of Section 40(3) of the Insurance Contracts Act 1984. If you become aware of facts that may give rise to a claim, and you give written notice to the insurer of those facts as soon as possible (and before the policy period expires), then the insurer may not deny liability for that claim, when made, solely because it was made after the expiry of the policy period.

For this reason, you must advise the insurer in writing of all incidents that may give rise to a claim against you without delay after such incidents come to your attention and prior to the policy's expiry date.

As such this policy will not provide indemnity for claims, or possible claims, notified after the policy expires.

VICTOR INSURANCE PTY LTD

Victor Insurance Pty Ltd ABN 11 146 607 838 (Victor Insurance) is an underwriting agency and Authorised Representative (No. 403803) of Marsh Pty Ltd (ABN 86 004 651 512, AFS Licence No. 238083) (Marsh). Victor Insurance is a subsidiary of Marsh, which is a business of Marsh McLennan.

This insurance is underwritten by Victor Insurance under an authority to bind cover on behalf of the insurer. In such capacity, they are acting solely as an agent of the applicable insurance company and are paid compensation by the insurance company for the services they perform as an underwriting manager. They receive commission paid to them by the insurer as a percentage of the insurance premium paid by you before stamp duty, fire services levy, GST and any other government charges, taxes, fees or levies. They will also receive from the insurer a share of the underwriting profits generated from the business introduced to the insurer. All commissions and fees include GST and are incorporated within the cost of the product.