

Liability Claim

QBE Insurance (Australia) Limited ABN 78 003191 035 AFSL 239 545



Please complete all details then email to national.liabilityclaims@qbe.com

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

Third party

Full name	<input type="text"/>							
Postal address	<input type="text"/>			State	<input type="text"/>	Postcode	<input type="text"/>	
Contact Numbers	Business	<input type="text"/>		Private	<input type="text"/>		Age	<input type="text"/>

Particulars of accident/incident

Date (dd/mm/yyyy)	<input type="text"/>	Time (am/pm)	<input type="text"/>	Date reported to you	<input type="text"/>	Time (am/pm)	<input type="text"/>
Location	<input type="text"/>						

Describe how the accident/incident occurred.

If you have admitted responsibility in any way give details.

How reported

Reported by

Name	<input type="text"/>	Phone	<input type="text"/>
Address	<input type="text"/>	Postcode	<input type="text"/>
Name	<input type="text"/>	Phone	<input type="text"/>
Address	<input type="text"/>	Postcode	<input type="text"/>

How reported

How ✓	In person	By telephone	By letter	Other	
Reported to					
Name				Phone	
Address				Postcode	
Position					

Cause

Was accident due to: The actions of any individuals Property Plant or equipment A motor vehicle An animal

PLEASE COMPLETE FULL DETAILS OF APPROPRIATE SECTION BELOW:

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

Property

Do you own the property? No Yes - If "No", state name and address of owner

--

Do you occupy the property? No Yes - 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? No Yes

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.)?

Plant equipment

Describe plant or equipment and it's uses:

--

Motor vehicle

Type of vehicle:	<input type="text"/>	Rego no.	<input type="text"/>
Drivers name:	<input type="text"/>		
Address:	<input type="text"/>	Postcode	<input type="text"/>
Owners name:	<input type="text"/>		
Address:	<input type="text"/>	Postcode	<input type="text"/>

Cause

Animal

Type of animal

How long have you owned the animal?

Is the animal normally confined behind fences? No Yes

Has the Animal been involved in any similar incidents? No Yes

Treatment

Was treatment given at the scene of the accident? No Yes

If "Yes", by whom?

Address: Postcode

How severe was the injury in your opinion: Trivial Minor Major Serious

Was transport provided? No Yes Was ambulance used? No Yes

Witness and their relationship (i.e. employer, members of your family, etc.)

Name	Address	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Police

Did a police officer attend the accident/incident? No Yes

If "Yes", name of police officer Police Station

Did police lay any charges or intimate action may be taken? No Yes – 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? No Yes

Please attach any demands.

Privacy

QBE's Privacy Policy describes how we collect, disclose, store and use personal information as well as how to access it, correct it or make a complaint. When we say personal information we may also mean sensitive information such as health information, criminal history or professional memberships that's relevant to us issuing, administering or managing products or providing services and the terms on which we will do these things. We use personal information to issue, administer and manage products and provide services. You can view our Privacy Policy at www.qbe.com.au/privacy, or to obtain a copy by phoning us on 133 723 or requesting it from our authorised representatives or service providers.

We may share your information with other QBE Group companies, our authorised representatives and service providers, each of which may be based outside of Australia.

By giving us personal information you consent to us collecting, disclosing, storing and using it in accordance with our Privacy Policy. If you give us someone else's personal information you confirm you've obtained their consent to do so.

If you don't provide all of the personal information we've requested we may be unable to issue, administer or manage products or provide services.

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	<input type="text"/>	Date (dd/mm/yyyy)	<input type="text"/>
Signature of insured	<input type="text"/>	Date (dd/mm/yyyy)	<input type="text"/>