

liability claim form

Please complete in **CAPITAL LETTERS** throughout

1. Name of Insured

2. Postal Address
 Postcode

3. Occupation, Business or Profession

4. Telephone
 ()

5. Goods and Services Tax - To ensure you do not incur any unnecessary GST liabilities on this claim please advise your:

(a) Australian Business Number (A.B.N) if applicable

(b) entitlement to an Input Tax Credit in respect of the:

(i) insurance premium % and;

(ii) the property which is the subject of this claim %

6. Policy No.

7. Due / /

Particulars of Accident

8. Date / /

9. Time am/pm

10. Where did the accident happen?

11. State clearly how the accident occurred? (if insufficient space please attach statement)

Please complete reverse side

12. Have you received any intimation a that a Claim will be made upon you? Yes No
If yes, please provide details

13. Was the accident reported to Police? Yes No
If yes, name of Police Station and Police Officer notified

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Witnesses

14. Name Address

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Name Address

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If Damage caused to Property

15. (a) Owner's Name Address

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(b) Description of property

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(c) Nature of damage d. Estimated Cost of damage

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Injury to Persons

16. Name Age Nature of Injury

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Name Age Nature of Injury

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Do not admit liability nor reveal to the third party that you are insured

Personal Information

Personal information requested by Lumley is to enable Us to evaluate and administer Your insurance cover. You may access the details except for information given to Us in confidence.

We may disclose information to others, such as Reinsurers, other Insurers, claims consultants and Your Professional Association (if any), but only in accordance with "General Insurance Privacy Principles". Personal information may also be used to advise You of products offered by Lumley Group companies (unless You instruct otherwise).

The "Insurance Contracts Act 1984" (as amended) requires You to provide all information which Lumley may reasonably require and stipulates that any omission may adversely affect the cover under Your Policy.

If You would like more detail on any aspect, please contact Your nearest Lumley office.

I hereby declare and warrant that the foregoing particulars are true.

Dated ____ / ____ / ____

Signature of Insured _____