



LIABILITY CLAIM FORM

Custodian Underwriting Agency Suite 3.1 56 Delhi Road NORTH RYDE 2113

The Issue of this Form is not an Admission of Liability by the Insurer

- If anyone holds you responsible for their accident/injury, insist their claim must be in writing.
- Any communication received must be forwarded to us immediately.
- Do Not Admit Liability

Broker Name _____

Policy Number _____

Claim Number _____

Full Name of Insured _____

Postal Address _____

Contact Details Name _____

Tel _____ Fax _____

Mobile _____ Email _____

Tax Status ABN _____ Taxable % _____

Please provide details of Occupation _____

THIRD PARTY DETAILS

Name _____

Address _____

Contact Details Tel _____ Fax _____

Mobile _____ Email _____

General Description _____

PARTICULARS OF ACCIDENT / INCIDENT

Date of Accident / Incident _____ Time of Accident _____ am / pm

Date reported to you _____ Time of Accident _____ am / pm

Exact Location of accident / incident _____

HOW REPORTED

How was the claim reported? In Person By Telephone By Letter Other

If other please advise _____

By Whom?

Name _____

Address _____

Contact Details Tel _____ Fax _____
Mobile _____ Email _____

To whom was the incident reported?

Name _____

Address _____

Position / Title _____

If reported in person, was he / she on their own? YES NO

If No, were they Assisted YES NO Escorted YES NO

If yes, by whom were they assisted / escorted?

Name _____

Address _____

Describe the incident _____

/ accident in as much _____

detail as possible _____

Did you admit responsibility in any way ? YES NO

If yes please provide details

CAUSE

Was the accident caused by / to

1 THE ACTIONS OF ANY INDIVIDUAL

YES NO

If Yes, please provide the following details

Name	Address	Relationship (member of family, employee)

Reason Why _____

2 PROPERTY

YES NO

If Yes, please provide the following details

Do you own the property?

YES NO

If No, state the name and address of owner

Name _____

Address _____

Do you occupy the property?

YES NO

If No, state the name & address of tenants & type of occupancy

Name _____

Address _____

Type of Occupancy _____

Had any notice been give of any defect or hazard by your agents or tenants?

YES NO

If Yes, please advise

Date Notified _____ By whom you were notified _____

Details _____

of Incident _____

3 Plant or Equipment

YES NO

If Yes, please describe the following

The plant or equipment & its uses _____

4 MOTOR VEHICLE

YES NO

If Yes, please provide the following details

Type of vehicle _____

Registration Number _____ Driver(s) Name _____

Address _____

Owners Name _____

Address _____

5 ANIMAL YES NO

If Yes, please provide the following details

Type of Animal _____

How long have you owned the animal? _____ Is the animal normally confined behind fences YES NO

CONDITIONS

Type of Footwear Flat Shoes <input type="checkbox"/> High Heels <input type="checkbox"/> Thongs <input type="checkbox"/> Other <input type="checkbox"/>	Was Third Party Carrying Parcels <input type="checkbox"/> YES <input type="checkbox"/> NO Wearing Spectacles <input type="checkbox"/> YES <input type="checkbox"/> NO Using Cane/Crutches <input type="checkbox"/> YES <input type="checkbox"/> NO	Lighting Excessive <input type="checkbox"/> YES <input type="checkbox"/> NO Inferior <input type="checkbox"/> YES <input type="checkbox"/> NO Satisfactory <input type="checkbox"/> YES <input type="checkbox"/> NO
Walking Surfaces Wet <input type="checkbox"/> Dirty <input type="checkbox"/> Uneven <input type="checkbox"/>	Broken <input type="checkbox"/> Worn <input type="checkbox"/> Torn <input type="checkbox"/>	If child involved Was he/she accompanied by an adult at time of accident ? <input type="checkbox"/> YES <input type="checkbox"/> NO

TREATMENT

Was Treatment given at the scene of the accident? YES NO

If Yes, please provide the following details

By Whom

Name _____

Address _____

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

Was transport provided? YES NO Was an Ambulance Used YES NO

WITNESS(ES)

Were there any witness(es)? YES NO

If yes, please provide the following details

Name of Witness _____

Relationship of Witness _____

Address _____

Contact Details Tel _____ Fax _____

Mobile _____ Email _____

Name of Witness _____

Relationship of Witness _____

Address _____

Contact Details

Tel _____ Fax _____

Mobile _____ Email _____

POLICE

Did a Police Officer attend the accident / incident? YES NO

If yes, please provide the following details

Name of Police Officer _____

Did Policy lay any charges or intimate any action may be taken? YES NO

If yes, please provide full details

PROPERTY DAMAGED

Please provide a
Description of the
Property damaged
Including the nature
& extent of Damage

Has any demand for damage been made against you? YES NO

If Yes, please attached demands

YOUR CLAIMS HISTORY

Has any person covered under this Insurance Policy ever sustained a loss during the past FIVE (5) years? YES NO

If yes, please provide the following details

Date	What Happened?	Insurer	Amount \$

IMPORTANT (Please read the following carefully before signing this Claim Form)

PRIVACY

Custodian Underwriting Agency respects your privacy & complies with the Privacy Act & the National Privacy Principals. A copy of our Privacy Statement is available from our office or online at www.custodianua.com.au

DISPUTE RESOLUTION

Disputes are not an everyday occurrence. However insurers 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 that process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

DECLARATION & SIGNATURE

You declare & acknowledge as follows

- **You** solemnly and sincerely declare that you have complied with the conditions and warranties (if any) of the policy and in no matter deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or misrepresentation and that the information shown on the form is true and **You** have not concealed any information relating to this claim. **You** understand that this claim may be refused if the information is untrue, inaccurate or concealed.
Further it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition **You** will immediately refund the company any sum which may have been paid to **You** in respect to such property. In the event of any property being recovered in damaged condition **You** will immediately hand the same over to the company for disposal as may be agreed
- **You** acknowledge that **You** have read and understood the Privacy Act information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim
- **You** acknowledge that if **You** do not agree to the collection of this personal and sensitive information, then we will be unable to process **Your** claim

Insured's Signature _____

Date _____