

# Liability Claim Form

## 1. Your Details

Policy number

Name of insured

Contact person

Address

Postcode



Private

Mobile



Business

Facsimile



Email

Occupation

## 2. Goods and Service Tax

Are you registered for GST purposes?  YES  NO

What is your Australian Business Number (ABN)?

What percentage of the GST paid on the policy premium were you entitled to claim as an Input Tax Credit?  %

Please note that GST legislation requires that this information be provided when a claim is notified. However, it is not used in determining acceptance of a claim, nor will it be released to other parties.

Have you received a formal demand or claim from another person?  YES  NO

If YES, has all correspondence including demands, contracts, quotes and invoices been attached?  YES  NO

Please note that any further correspondence or documentation received in relation to this claim should also be forwarded for attention.

## 3. Details of Accident/Incident

Date

 /  / 

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

Does the claim involve a product that you manufactured or supplied to another person?  YES  NO

If YES, please provide details

Were emergency services such as ambulance, police or fire brigade contacted?  YES  NO

If YES, please provide details and attach reports if available

### 3. Details of Accident/Incident (Continued)

Did the accident or injury arise out of the use of a motor vehicle?  YES  NO

Do you believe that another party or person is responsible?  YES  NO

If unregistered, was the vehicle insured under a motor vehicle or other insurance policy?  YES  NO

Was the motor vehicle registered or required to be registered?  YES  NO  
If YES, please provide details

### 4. Details of Party or Parties Making Claim Against You

Name

Address  Postcode

Private ( )  Mobile

Business ( )

Relationship (eg. employee, family, friend, previously unknown)

Solicitor's Name

### 5. Witnesses

Witness 1: Name

Address  Postcode

Private ( )  Mobile

Business ( )

Relationship (eg. employee, family, friend, previously unknown)

Witness 2: Name

Address  Postcode

Private ( )  Mobile

Business ( )

Relationship (eg. employee, family, friend, previously unknown)

### 6. 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. I/We authorise SRG to give to, or obtain from, other insurers, credit reference service or other interested parties, any information relating to me/us or any claim in relation thereto.

Signature  Date

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