Public Liabilty Claim Form



It is essential that this form be returned directly to Ansvar Insurance, with all questions answered, at the earliest opportunity. Please print your answers and \checkmark where appropriate.

Address Policy number State Postcode Telephone: Home Telephone: Work Telephone: Mobile Email Occupation 2. Accident details Date of accident / / Time am/pm	Office use only Claim number				
Telephone: Home Telephone: Work Telephone: Mobile Cocupation C. Accident details Date of accident / / Time am/pm	1. Policyholder details Name/Business name		Policy number		
Email Occupation 2. Accident details Date of accident / / Time am/pm	Address			State	Postcode
Email Occupation 2. Accident details Date of accident / / Time am/pm					
2. Accident details Date of accident / / Time am/pm	Telephone: Home	Telephone: Work		Telephone: Mobile	
Date of accident / / Time am/pm	Email		Occupation		
Date of accident / / Time am/pm	2. Assidant dataila				
		Time	am/pm		
	Describe how and where the accident occurred				

If insufficent room, use space on back of form or attach seperate sheet.

Victoria

AD GPO Box 1655

Melbourne 3001

FX +61 3 9614 1545

New South Wales
AD P0 Box 1410
Parramatta 2124
FX +61 2 9687 9564

Queensland
AD GP0 Box 747
Brisbane 4001
FX +61 7 3221 6721

South Australia AD P0 Box 630
Fullarton 5063 **FX** +61 8 8338 1920

Western Australia
AD PO Box 840
West Perth 6872
FX +61 8 9324 2013

Tasmania
AD P0 Box 330
Launceston 7250
FX +61 3 9614 1545

3. Name and address of other party Name			
Address	State	Postcode Telephone	
Has a claim been made by other party?	No Have you admitted	d liability? Yes No	
4. Was there a witness to the accident?			
Yes No If yes, name and address	of witness Name		
Address	State	Postcode Telephone	
5. Do you have a public liability policy with another	r insurer?		
Yes No If yes, name and address	of company Name		
Address	State	Postcode Telephone	
6. Goods and services tax To ensure you do not incu		aim complete these details	
Are you registered for GST purposes? Yes		han the CCT and inchis to this policy C	No
If you have registered and have an ABN, have you claim			No
Is the amount claimed less than 100% of the GST appli	cable to the premium? Yes	No Specify the percentage amount claimed	%
7. Electronic Funds Transfer Settlement of your claim	n may involve a cash settlement. Please com	plete the following if you are interested in an EFT Pay	ment
Account name	BSB number	Account number	
8. I declare that all the information I have given is			
Signature	Date / /		
	1 1		

Ansvar Insurance is a member of the insurance industry's impartial Insurance Ombudsman Service. This independent service is provided to the insuring public at no cost and aims to resolve claims complaints quickly and informally. In the unlikely event of a complaint arising, you should firstly contact the local Ansvar Insurance Regional Manager. In most cases the problem will be resolved easily. If you are not satisfied with the response given by the Regional Manager you may contact our Internal Dispute Resolution Committee for advice and assistance in resolving your claim.

Privacy The information we collect assists us to make a decision on whether we will accept your claim. If you do not provide this information we may be unable to process your claim. We may use third party suppliers (agents, loss adjusters, assessors and mailing houses) to carry out specialised activities on your behalf. These organisations are aware of their obligations under Privacy provisions. At any time you may request access to your personal information and correct it if it is wrong. We value the personal information you give to us and we will take all reasonable precautions to prevent unauthorised access to this information.