



CLAIM FORM

Householders' Legal Liability

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CLAIM FORM – Householders’ Legal Liability

This form is issued to enable the Insured to lodge a written statement of claim. It does not constitute an admission of liability on behalf of Assetinsure.

IMPORTANT NOTICE

Please complete this form if you have been involved in an accident or incident that may give rise to demands or a claim being made against you.

Please answer all questions relating to your claim as fully as possible. Please use the blank page at the end of this document if there is insufficient space for any of your answers or for any further comments.

We may contact you for additional information or appoint a loss adjuster or investigator.

If anyone holds you responsible for their accident/injury, DO NOT admit liability. Insist their claim must be in writing.

Any communication received must be forwarded to us immediately

PLEASE COMPLETE SECTIONS A, B, C AND D OF THE CLAIM FORM

A. DETAILS OF INSURED

1. Insured’s Full Name

Insured’s Address

Suburb

State

Postcode

Occupation:

Policy Number
(if known)

ABN

Policy Period: From

To

dd/mm/yyyy

dd/mm/yyyy

PERSON TO BE CONTACTED

Name

Telephone

xx xxxx xxxx or xxxx xxx xxx

Fax

xx xxxx xxxx or xxxx xxx xxx

Email Address

2. Are you registered for GST purposes? Yes / No

3. Have you claimed, or are you entitled to claim, an ITC for the GST applicable to the policy premium? Yes / No

Please specify your percentage entitlement. %



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B. DETAILS OF ACCIDENT

1. Date of accident Time :
dd/mm/yyyy

2. Where did the accident happen?

3. Do you own the buildings or land where the accident happened? Yes / No

If NO, please provide name and address of owner

Name

Address

Suburb

State

Postcode

Phone Number

xx xxxx xxxx or xxxx xxx xxx

Mobile

xx xxxx xxxx or xxxx xxx xxx

4. Do you occupy the buildings or land where the accident happened? Yes / No

If NO, please provide name and address of occupier

Name

Address

Suburb

State

Postcode

Phone Number

xx xxxx xxxx or xxxx xxx xxx

Mobile

xx xxxx xxxx or xxxx xxx xxx

5. State clearly how the accident occurred

6. Do you consider you are liable? Yes / No

Please provide reasons



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7. Did the accident involve:

a. Animals? Yes / No

If YES, what type of animal/(s)?

Do you own the animal/(s)? Yes / No

If No, please provide name and address of owner?

Name

Address

Suburb

State

Postcode

b. A motor vehicle? Yes / No

If YES, what type of vehicle?

Driver's Name

Address

Suburb

State

Postcode

Owner's Name

Address

Suburb

State

Postcode

Telephone

xx xxxx xxxx or xxxx xxx xxx

c. Plant or equipment? Yes / No

If YES, please provide a description?

Do you own the plant or equipment? Yes / No

If No, please provide name and address of owner?

Name

Address

Suburb

State

Postcode



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8. Who caused the damage or injury?

9. What is their relationship to you?

10. Was the damage or injury caused by a hazard or defect on the property where the accident occurred? Yes / No

If YES, how long have you been aware of the hazard or defect?

Had you been notified of the hazard or defect before the accident occurred? Yes / No

If YES, when were you notified?

By who?

What steps did you take to rectify the hazard or defect before the accident occurred?

11. Have you received any indication that a demand or claim will be made upon you for the incident or accident ? . . . Yes / No

If YES, please provide details (include details of who is making the demand and attach all documentation you have received if the demand or claim has been made in writing)

12. Was the accident reported to the Police? Yes / No

If YES, name of Police Station where incident was reported

Name of Police Officer

Report Number

Date Reported

dd/mm/yyyy



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PROPERTY DAMAGE – THIRD PARTY AND INCIDENT DETAILS

1. Name
2. Address

Suburb State Postcode
3. Description of property
4. Nature of damage
5. What is your relationship with the owner of the damaged property?
6. Estimated cost of repair or replacement
7. Are you aware of any other insurance policy which may cover the damage to property under this policy? Yes / No
If YES, please provide details

INJURY TO PERSONS – THIRD PARTY AND INCIDENT DETAILS

1. Name Age
2. Nature of injury

1. Name Age
2. Nature of injury
3. What is your relationship with the injured person?
4. Are you aware of any other insurance policy which may cover the injuries being claimed under this policy? Yes / No
If YES, please provide details



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WITNESS DETAILS

1. Name
2. Address

Suburb State Postcode

Relationship to Insured?

Relationship to Third Party?

1. Name
2. Address

Suburb State Postcode

Relationship to Insured?

Relationship to Third Party?

C. HISTORY

1. Have you had any losses or previously made a claim against any insurance company in the past 5 years? Yes / No
If YES, please provide details of nature of loss, date of loss, insurer and value.

2. Have you had any insurance or renewal of insurance refused, cancelled, or had special conditions imposed? Yes / No
If YES, please provide details

3. Have you been charged with, or convicted of, any criminal offence? Yes / No
If YES, please provide details.



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ADDITIONAL INFORMATION



Complaints - Dispute Resolution

If you do not agree with any decision we make in relation to your claim or are dissatisfied with the handling of your claim or the services of our loss adjuster or investigator, please write to us stating the nature of your complaint and the reasons why.

We will try to resolve the complaint immediately. If the complaint cannot be resolved Assetinsure provides an internal dispute resolution process should a dispute arise. For details contact Assetinsure's Compliance Manager Assetinsure Pty Ltd, 44 Pitt Street, Sydney or ringing (02) 9251 8055.

If you are not satisfied with the decision of the Internal Dispute Resolution Committee, the matter may be referred to an independent alternative dispute resolution body, the Financial Ombudsman Service (FOS), subject to eligibility.

Financial Ombudsman Service
GPO Box 3
Melbourne VIC 3001
1300 78 08 08 (National Toll Free)
Tel: (03) 9613 6300
Fax: (03) 9613 6390

Privacy Policy

Assetinsure is committed to safeguarding and protecting the privacy of personal information. We are bound by the provisions of the Privacy Act 1988 which sets out the standards to be met in the collection, use and disclosure of personal information.

If you require further information about our Privacy Policy, please refer to the detailed information on our website - www.assetinsure.com.au/interest.asp

If you want to access your personal information held by Assetinsure or wish to make a complaint in relation to privacy issues please contact us either electronically: info@assetinsure.com.au or complaints@assetinsure.com.au or at the address shown in this document.

General Insurance Code of Practice

Assetinsure has adopted the General Insurance Code of Practice which stipulates minimum standards of service to our clients. If you would like further information in regard to the Code of Practice please refer to the Code of Practice website - www.codeofpractice.com.au or our own website - www.assetinsure.com.au/interest.asp

D. DECLARATION

On behalf of the Insured, I declare the above answers to be true and correct in every particular and acknowledge that Assetinsure may make its decision on indemnity having regard to these answers.

I consent to Assetinsure using the personal information which I have provided on this form for the purposes of processing this claim. I understand that if I choose not to provide the required details, Assetinsure may not be able to process this claim.

I consent to Assetinsure disclosing my personal information to other insurers, an insurance reference service, or as required by law. I also consent to Assetinsure disclosing my personal information to, and/or collecting information about me, from third parties such as investigators or legal advisers. Where I have provided information about another individual (for example an employee or client), I declare that the individual has or will be made aware of that fact. If you accept this statement, tick the box and complete the fields below.

Name

Date

dd/mm/yyyy