



The completion of this form is to report:

- Any accident which has caused bodily injury or property damage; or
- Any accident which has the potential to result in a personal injury or property damage claim.

If you have received any written communication, do not answer. Attach to this claim.

Claim Number

Name of insured: _____
Occupation _____
Contact person _____
Home Phone No. _____ Work Phone No. _____ Mobile No. _____
Email _____
Postal address _____
Postcode _____
Broker/agent name _____ Phone No. _____
Policy No. _____ Excess \$ _____
Inception date _____ Expiry date _____

G.S.T.: Are you registered for GST purposes? Yes No A.B.N. _____
To what extent are you entitled to claim an Input Tax Credit on the GST for this policy? _____ %

Premises leased? Yes No Have premises been altered since incident? Yes No
If yes, give details _____

Incident / Accident: Date _____ Time _____ am/pm Date reported _____
Location _____
Purpose for which location was being used _____
Who was incident reported to? _____ Employee Yes No
Describe the incident (including the cause and source of information) _____

Products Liability: (If applicable, please complete the following)

Product name _____ Model No. _____
Serial No. _____ Lot No. _____ Batch No. _____
Customer's name _____ Phone No. _____
Address _____
Postcode _____

Property damaged:Nature and extent of damage Estimated cost \$ Name of owner of damaged property Address Postcode Phone No. (Home) Phone No. (Work) Mobile No. **Personal injury:**Name of person injured Age years Sex Male Female Occupation Address Postcode Phone No. (Home) Phone No. (Work) Mobile No. Nature of injury Was treatment given at the scene of the incident? Yes No If Yes, by whom (if ambulance or doctor, give details) Address Postcode Was transport provided to hospital? Yes No **Witnesses:** Were there any witnesses to the event? Yes No (If yes, please complete the following)Name Address Postcode Phone No. (Home) Phone No. (Work) Mobile No. Where was the witness? **Second witness:**Name Address Postcode Phone No. (Home) Phone No. (Work) Mobile No. Where was the witness?

Privacy: The Privacy Act 1988 requires us to tell you that as an insurer we collect your personal and sensitive information in order to calculate your loss and entitlements, determine our liability, compile data and handle claims. When handling claims, we may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters,

external claims data collectors, investigators and agents or other parties as required by law.

You have the right to seek access to your personal information and to correct it at any time. Please contact us on 1300 360 529 EST 9am-5pm, Monday-Friday and advise us of the changes.

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 acknowledge that I/we have read and understood the Privacy Act 1988 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, with their approval. I/we acknowledge that if I/we do not agree to the collection of this personal and sensitive information then Allianz will be unable to process my/our claim.

Signature of Insured Date