Public Liability Claim Form



iffice use only Claim number				
. Policyholder details				
lame/Business name		Policy number		
ddress			State	Postcode
elephone: Home	Telephone: Work		Telephone: Mobile	
nail		Occupation		
Accident details				
ate of accident /	/ Time	am/pm		
escribe how and where the accident	t occurred			

 West Perth 6872
 Launceston 7250

 FX
 +61 8 9324 2013
 FX
 +61 3 9614 1545

Western Australia

AD PO Box 840

New South Wales

Parramatta 2124

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Queensland

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South Australia

AD PO Box 630

Fullarton 5063

FX +61 8 8338 1920

Victoria

AD GPO Box 1655

FX +61 3 9614 1545

Melbourne 3001

Tasmania

AD PO Box 330

3. Name and address of other party Name	
Name	
Address	State Postcode Telephone
Has a claim been made by other party? Yes No	Have you admitted 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 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 incur any unnecessary GST	liabilities on this claim complete these details
Are you registered for GST purposes? Yes No W	/hat is your ABN?
lf you have registered and have an ABN, have you claimed or will you be claimin	ng an input tax credit on the GST applicable to this policy? Yes No
Is the amount claimed less than 100% of the GST applicable to the premium?	Yes No Specify the percentage amount claimed %
7 Flectronic Funds Transfer Settlement of your claim may involve a cash set	ttlement. Please complete the following if you are interested in an EFT Payment
Account name BSB number	Account number
O I declare that all the information I have given in two and correct	
8. I declare that all the information I have given is true and correct Signature Date	
	/

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.