Claim Number:

1. Details of Policy Holder

Name of Policy Holder:	**Occupation or Trade:**
.....	.....
Address of Policy Holder:	.....
.....	**Telephone Numbers:**
.....	**Business Hour** (.....) .....
Postcode	**After Hour** (.....) .....

Insurer:	**Policy No:**	**Expiry Date:**
.....	.....	..... / ..... / 20.....

2. Details of Accident / Injury

Date of accident:	..... / ..... / 20.....	**Time of accident:** ..... am/pm
Was there any personal injury? *If yes, please state:*	☐ YES ☐ NO	
(i) name(s) and address(es) of injured persons:	1. Name: ..... Address: .... Postcode ..... 2. Name: ..... Address: .... Postcode	
(ii) nature and extent of injuries:	1. .... 2.	

(iii) name of doctor and/or hospital (if applicable)	1. ..... 2. .....
Was any third party property damaged? *If yes, please state:*	☐ YES ☐ NO
(i) name(s) and address(es) of owner(s):	1. Name: ..... Address: .... Postcode ..... 2. Name: ..... Address: .... Postcode .....
(ii) nature and extent of damage:	1. .... 2. ....
Is the third party:	(i) an employee of the policyholder? ☐ YES ☐ NO (ii) an employee of a sub-contractor? ☐ YES ☐ NO (iii) a member of the policyholder's family? ☐ YES ☐ NO (iv) ordinarily resident in the policyholder's home? ☐ YES ☐ NO
Has the claim been intimated:	(i) verbally? ☐ YES ☐ NO *(If yes, to whom)* ..... (ii) in writing? ☐ YES ☐ NO *(If yes, please attach correspondence)* .....
Name of your employee in charge at the time of the accident	.....

Give details of all witnesses, if any:	Name	Address
	.....	....Postcode .....
	.....	.... Postcode .....
	.....	.... Postcode .....

State fully and clearly the circumstances surrounding the accident:

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3. ABN Details

Are you a registered business? ☐ Yes ☐ No
What is your ABN? ABN No: .....
What percentage of GST in your premium did you claim as an Input Tax Credit for the period of insurance in which this loss occurred? .....%

4. Declaration

I declare that the above statements are true, that I have not suppressed or mis-stated any facts. I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify <insert Company Name> in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed "Your Privacy".

Full name of claimant(s)
(please use block letters) .....

.....

Signature(s)

..... Date: ..... / ..... / 20.....

..... Date: ..... / ..... / 20.....