



Policy No.

Claim No.

- NOTES:**
1. The issue of this form does not constitute an admission of liability on the part of the insurer.
 2. If anyone holds you responsible for their accident/injury, insist their claim must be in writing.
 3. Any communication received must be forwarded to QBE Commercial immediately.
 4. Do not admit liability. Please do not disclose to Claimants the existence of a policy.
 5. If there is insufficient space or further comment on any area is considered necessary, please use additional pages.

THE INSURED

Full Name (Block Letters)	Surname	Given Name(s)										
Postal Address												
		State					Postcode					
Are you registered for GST?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	What is your ABN?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the Policy?	No <input type="checkbox"/> Yes <input type="checkbox"/> – Will you be claiming an amount less than 100%?											
	No <input type="checkbox"/> Yes <input type="checkbox"/> – Specify amount claimed										%	
Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?	No <input type="checkbox"/> Yes <input type="checkbox"/> – Will you be claiming an amount less than 100%?											
	No <input type="checkbox"/> Yes <input type="checkbox"/> – Specify amount claimed										%	
Contact Numbers	Business	()					Private	()				
	Facsimile	()					Mobile					

THIRD PARTY

Name													
Postal Address											State	Postcode	
Contact Numbers	Business	()					Private	()					Age

PARTICULARS OF ACCIDENT/INCIDENT

Date / / Time am/pm Date reported to you / / Time am/pm

Location

Describe how the accident/incident occurred.

If you have admitted responsibility in any way give details.

HOW REPORTED

Reported by – Name Phone ()

– Address Postcode

– Name Phone ()

– Address Postcode

– How ✓ In person By Telephone By Letter Other

Reported to – Name Phone ()

– Address Postcode

– Position

CAUSE

Was accident due to:

The actions of any individual/s Property Plant or Equipment A Motor Vehicle An Animal

Please complete full details of appropriate section below:

Actions of Individual/s:

Please provide their name, address and relationship to you (i.e. claimant, employee, member of your family, sub-contractor, etc.)

Name	Address	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Property

Do you own the property? Yes No – If “No”, state name and address of owner

Do you occupy the property? Yes No – If “No”, state name of tenants and the type of tenancy

Had any notice been given of any defect or hazard by your agent or tenants? Yes No

If “Yes”, date notified / / By whom were you notified

What details were notified?

What type of property caused the accident?

(e.g. defect in the property or spillage of some substance, etc.?)

Plant Equipment

Describe plant or equipment and it's uses:

CAUSE (continued)

Motor Vehicle

Type of Vehicle: Rego No.

Drivers Name:

Address: Postcode

Owners Name:

Address: Postcode

Animal

Type of Animal

How long have you owned the Animal?

Is the Animal normally confined behind fences? Yes No

Has the Animal been involved in any similar incidents? Yes No

TREATMENT

Was treatment given at the scene of the accident? Yes No

If "Yes", by whom?

Address: Postcode

How severe was the injury in your opinion: Trivial Minor Major Serious

Was transport provided? Yes No Was Ambulance used? Yes No

WITNESS AND THEIR RELATIONSHIP (i.e. employer, members of your family, etc.)

Name	Address	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

POLICE

Did a Police Officer attend the accident/incident? Yes No

If "Yes", name of Police Officer Police Station

Did police lay any charges or intimate action may be taken? Yes No

If "Yes", please supply full details.

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

PROPERTY DAMAGE

Description of property damaged:

Nature and extent of damage:

Has any demand for this damage been made against you?

Yes No

Please attach any demands.

PRIVACY

The QBE Privacy Promise Brochure explains what sort of personal information we collect and hold about you and what we do with that information. Please contact your Financial Services Provider to obtain a copy of the QBE Privacy Promise Brochure. A copy of the brochure may also be obtained from any QBE Commercial office or from our website at www.qbecommercial.com

DECLARATION AND AUTHORISATION

The information and answers given above are true and complete in every detail.

I understand the claim may be refused or reduced if information is withheld.

I authorise that QBE Insurance (Australia) Limited give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Signature of Insured 1.

Date / /

Signature of Insured 2.

Date / /

PLEASE CHECK THAT THIS FORM HAS BEEN FULLY COMPLETED AS ANY OMISSIONS MAY DELAY YOUR CLAIM.