# Liability claim form

#### How to obtain a quick response to your claim:

- 1. Make sure that you fully answer all questions
- 2. Ensure that 2 quotations are supplied for third party property damage claims
- 3. Make sure you have read, signed and dated the declaration

## **SECTION 1**

## Insured details (please print)

Policy number	Due date
Name of Insured	
Occupation	Company ACN
Address	
Suburb	State Postcode
Phone	Mobile
Email	Fax
Are you GST registered?	
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?

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# **SECTION 2**

#### Details of the circumstances of the incident

Date of incident		Approximate time		AM/PM	
Where did incident occur					
Describe as fully as possible	Describe as fully as possible how the incident occurred				



## Liability insurance

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#### **Persons Injured**

Name	Address	Phone	Injuries

#### **Property Damaged**

Owner	Address	Phone	Injuries

#### Witnesses

Name	Address	Phone	Injuries
Has there been any formal claim r	nade against you?		Yes 🗌 No 🗌
If 'yes' indicate type and enclose i	relevant documents		
Writ 🗌 Summons 🗌	Letter of Demand D Other		
Have you responded to the claim	?		Yes 🗌 No 🗌
If 'yes' enclose a copy of your cor	respondence.		



#### Liability insurance

**Duty of Disclosure** 

Before you enter into a contract of insurance, you have a duty under the Insurance Contracts Act 1984 (Cth) to disclose anything that you know, or could reasonably be expected to know, that may affect the insurer's decision to insure you and on what terms. You have that duty after proposal, and up until the time the insurer agrees to insure you. You have the same duty before you renew, extend, vary or reinstate a contract of insurance.

You do not need to tell the insurer anything that:

- reduces the risk that is insured;
- is common knowledge;
- your insurer knows or should know as an insurer; or
- the insurer waives compliance with your duty of disclosure.

If you are uncertain about whether or not a particular matter should be disclosed to the insurer, please contact your Aon Client Manager.

## Non-disclosure

If you do not tell your insurer anything you are required to, the insurer may cancel your contract or reduce the amount that it is required to pay you if you make a claim, or both. If your failure to disclose is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

#### Declaration

Read carefully before signing.

I/We declare that the information supplied on this claim form is true in every respect. I/We consent to the use of my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however, my claim may not be able to be processed. \* I consent to the disclosure of my personal information to other Insurers, an Insurance reference service or a required by law. I consent to also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

\* This consent only applies when a claim is submitted in relation to a policy issued to the individual, not a company or business.

#### Signature

Date

Submit your claim claims@oneunderwriting.com.au

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For full details please refer to oneunderwriting.com.au/privacy
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