



G A R D

GARD INSURANCE

GARD Insurance Pty Limited

ABN 96 605 493 454 AFSL 479 125

Level 21,

133 Castlereagh Street, Sydney NSW 2000

Claim Form

Public Liability & Professional Indemnity

Important Information

DO NOT ADMIT LIABILITY - Ask for any claim to be put in writing and refer all correspondence unanswered to GARD Insurance Pty Ltd.

Enclose/send all correspondence, demands, solicitor letters, contracts, repair or replacement quotations, invoices or receipts or any documentation whatsoever associated with the claim form.

Completing this Form

Please answer all questions. This will help us to process your claim quickly.

If you need more space to answer any of the questions or wish to provide further comment, please use a separate sheet of paper. Any attachments will form part of this claim report and the declaration will include them.

Please note that information provided in this form will be used to assess the claim you are notifying, and the accuracy of this information will be relied on by us and your insurer.

The issue and acceptance of the claim form does not constitute an admission of liability by either the GARD Insurance Pty Ltd or insurers, nor does it constitute a waiver of their rights.

Privacy Statement

We need to collect your personal information to assess your request for insurance cover or to determine a claim.

Unless we are required by law to provide personal information to others, your personal information will only be seen or used by:

our own staff or contracted staff

brokers, loss assessors, claims investigators and lawyers appointed by us or on our behalf for claims handling persons.

reinsurers, other insurance companies, financial institutions, government bodies, hospitals, medical and health professionals, and other professional advisors. Where necessary, we will always gain your consent.

By submitting your personal information, you agree to us using and disclosing your personal information as outlined in this Privacy Statement which remains valid unless you revoke such consent in writing.

If you do not provide us with the requested personal information, we will not be able to consider your application.

General Insurance Code of Practice

The GARD Insurance Pty Ltd operates in accordance with the General Insurance Code of Practice. If you want more information about this Code, please go to www.codeofpractice.com.au.

SECTION 1 – THE INSURED

Policy Number:		Expiry Date:	
Name of Insured:			
Business/Trading Name:			
ABN/ACN:			
Best Contact Person:			
Contact Number			
Email			
Registered for GST?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you claimed or do you intend to claim an input tax credit on the GST component of the premium applicable to this Policy?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be claiming an amount less than 100%?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please specify the amount claimed:			%

SECTION 2 – THE INCIDENT

Date occurred:		Time occurred:	
Date reported to you:			
Location/Address of Incident:			
Please provide a detailed description of the incident:			
		<p><u>Describe the Following.</u></p> <p>What happened?</p> <p>How did it happen?</p> <p>Where did it occur?</p> <p>What was the cause?</p>	

SECTION 2 – THE INCIDENT

Have you admitted responsibility or liability for the incident in any way?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes provide details:		
Was the accident / incident due to the action(s) of an Individual?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:		
Address:		
Relationship to you:		
How or why do you consider this person responsible for the incident?		
Was the accident / incident caused by or due to Property?		<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of property caused the incident?		
Do you own the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please state the owner of the property?		
Do you occupy the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please state the name of the tenants and type of tenancy:		
Was the accident / incident caused by or due to Plant & Equipment?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe the plant of equipment and its uses?		
Was the accident / incident caused by or due to a Motor Vehicle?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Vehicle: ie (Year/Make/Model)		
Registration Number:		
Drivers Name & Address:		
Owners Name & Address:		
Was the accident / incident caused by or due to an Animal?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Animal:		
Is the animal normally confined behind fences?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the animal been involved in any similar incidents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 3 – THE CLAIMANT

Name:	
Address:	
Contact Telephone/Mobile:	
Solicitor's Name (if Applicable):	
Details of Injuries sustained / Property Damaged:	
Has a claim or demand been made against you, either verbally or in writing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What date was the claim or demand first made against you?	
If so, please give full details or attach a copy of the written demand:	

SECTION 4 – THE WITNESSES

#1 Name:	
Address:	
Contact Telephone/Mobile:	
Relationship to you (eg., employee, family, friend, previously unknown):	
#2 Name:	
Address:	
Contact Telephone/Mobile:	
Relationship to you (eg., employee, family, friend, previously unknown):	
#3 Name:	
Address:	
Contact Telephone/Mobile:	
Relationship to you (eg., employee, family, friend, previously unknown):	

SECTION 5 – POLICE & OTHER EMERGENCY SERVICES

Did a Police Officer attend the incident / accident?

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:

Did ambulance, fire brigade or other emergency services attend?

Yes No

If yes, please supply full details:

SECTION 6 – DECLARATION & AUTHORISATION

I declare that all information provided in respect of this claim is true and correct and that no relevant information has been withheld.

I consent to GARD Insurance Pty Ltd using my personal information I have provided on this form for the purpose of processing my claim.

Signature:

Name:

Date: