



INSURANCE ADVISERNET AUSTRALIA PTY LIMITED

AUSTRALIAN FINANCIAL SERVICES LICENCE NUMBER: 240549
ABN 81 072 343 643

Proudly Australian Owned and Operated
www.insuranceadviser.net

Public / Products Liability Incident Report

The following claim form has been partially completed with standard information you have already provided to Insurance Advisernet Australia Pty Limited. Please check this information to ensure it is correct and advise us of any changes, as well as completing all other information on the form.

The completion of this form is to report:

- Any accident which has caused bodily injury or property damage; or
- Any accident which has the potential to result in a personal injury or property damage claim.

If you have received any written communication, do not answer. Attach to this claim.

Claim Number _____

Branch Code: _____ Customer Code: _____

Name of Insured: _____

Contact Person _____

Home Phone No. _____ Work Phone No. _____ Mobile No. _____

Email _____

Occupation _____

Postal Address _____

_____ Postcode _____

Broker/Agent Name _____ Phone No. _____

Policy No. _____ Excess \$ _____

Inception Date _____ Expiry Date _____

G.S.T

Are you registered for GST purposes? _____ A.B.N. _____

To what extent are you entitled to claim an Input Tax Credit on the GST for this policy? _____ %

Premises Leased? Yes No Have premises been altered since Incident? Yes No

If yes, give details _____

Incident / Accident

DateTime _____ Date Reported _____

Location _____

Purpose for which location was being used _____

Who was incident reported to? _____ Employee Yes No

Describe the Incident (including the cause and source of information) _____

Products Liability (If applicable, please complete the following)

Product Name _____ Model No. _____
Serial No. _____ Lot No. _____ Batch No _____
Customer's Name _____ Phone No. _____
Address _____
_____ Postcode _____

Property Damaged

Nature and extent of damage _____ Estimated Cost \$ _____
Name of Owner of damaged property _____
Address _____
_____ Postcode _____
Phone No. (Home) _____ Phone No. (Work) _____ Mobile _____

Personal Injury

Name of Person Injured _____
Age _____ years Sex Male Female Occupation _____
Address _____
_____ Postcode _____
Phone No. (Home) _____ Phone No. (Work) _____ Mobile _____

Nature of Injury _____
Was treatment given at the scene of the Incident? Yes No
If Yes, by whom (if ambulance or doctor, give details) _____
Address _____
_____ Postcode _____

Was transport provided to hospital? Yes No

Witnesses

Were there any witnesses to the event? Yes No (If yes, please complete the following)

Name _____
Address _____
_____ Postcode _____
Phone No. (Home) _____ Phone No. (Work) _____ Mobile _____
Where was the Witness? _____

Second Witness

Name _____
Address _____
_____ Postcode _____
Phone No. (Home) _____ Phone No. (Work) _____ Mobile _____
Where was the Witness? _____

Privacy: : The Privacy Act 1988 requires us to tell you that as an insurer we collect your personal and sensitive information in order to calculate your loss and entitlements, determine our liability, compile data and handle claims. When handling claims, we may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters,

external claims data collectors, investigators and agents or other parties as required by law.

You have the right to seek access to your personal information and to correct it at any time. Please contact us on 1300 366 085 EST 9am-5pm, Monday-Friday and advise us of the changes.

IDR Statement: :: Disputes are not an everyday occurrence at Allianz. However we do provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details.

If you are not satisfied with the outcome of this process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

Declaration: : I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed. I/We acknowledge that I/we have read and understood the Privacy Act 1988 information referred to above and

consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim, with their approval. I/We acknowledge that if I/we do not agree to the collection of this personal and sensitive information then Allianz will be unable to process my/our claim.

Signature of Insured _____

Date _____



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GST Information Declaration Form

Claim Number _____

1. Are you registered for GST Purposes? _____ (go to 6. below)
2. If Yes, what is your ABN? _____
3. Have you claimed an Input Tax Credit (ITC) on your insurance premium?
4. If Yes, what is the ITC claimed (as a percentage of GST payable)? _____ %
5. What ITC are you entitled to claim on the terms below (if there is insufficient space to cover all items, please attach a separate sheet with details)

Item	ITC%	Item	ITC%

6. I declare the above information is true.

Name (please print): _____
Signature: _____
Date: _____