

liability claim form



Lumley General Insurance Limited, ABN 24 000 036 279, Lumley House Level 9, 309 Kent Street, Sydney 2000 Ph: (02) 9248 1111 Fax: (02) 9248 1122

Claims Procedure

This claim form is to be completed if You have been involved in an incident or accident that may give rise to demands being made against You.

It may be necessary for You to make arrangements to prevent further accidents or incidents from occurring.

It is necessary for You to complete all Sections of this claim form and attach all relevant documentation. Please answer all parts of the appropriate questions relevant to the incident or accident. If there is insufficient space provided for any information requested or to be supplied, please supply these details on a separate sheet and attach to the claim form.

On receipt of the above We will assess and administer Your claim in accordance with Your Policy. We will also keep You informed of any other requirements should they be required and we will keep you advised on the progress on the processing of Your claim.

If You have any queries on any of the information required on this form, please do not hesitate to contact Your Authorised Representative or Broker or Lumley Office.

Privacy

We respect your privacy and we comply with the Privacy Act and the National Privacy Principles. A copy of our Privacy Statement is available at any of our offices.

Complaints procedure

If you do not agree with any decision we make in relation to the Policy, please write to us stating what you disagree with and why. We will then resolve or attempt to resolve your complaint immediately, or we will refer the matter to our Internal Dispute Resolution Committee (IDRC).

If you are not satisfied with a decision by the IDRC, the matter may be referred to an independent dispute resolution body, Insurance Ombudsman Service Limited (IOS), provided the matter falls within their jurisdiction.

The Insurance Contracts Act 1984 (as amended) requires you to provide all information which Lumley may reasonably require, and stipulates that any omission may adversely affect the cover under your Policy.

If you would like more information on your Duty of Disclosure (or any other aspect), please contact your Authorised Representative, Broker or nearest Lumley office.

Insurance Ombudsman Service Limited (IOS)

Phone (Toll Free) 1300 78 08 08.

Online - www.insuranceombudsman.com.au

Email - ios@insuranceombudsman.com.au

Lumley General Insurance Limited

NSW	Lumley House, Level 9, 309 Kent Street, Sydney 2000 Suite 19, 50 Glebe Road, The Junction 2291	Phone (02) 9248 1111 Phone (02) 4925 7500	Fax (02) 9248 1122 Fax (02) 4940 0295
VIC	Level 3, 99 King Street, Melbourne 3000	Phone (03) 8627 4333	Fax (03) 8627 4312
ACT	Level 4, Perpetual Building, 10 Rudd Street, Canberra City 2601	Phone (02) 6279 0333	Fax (02) 6279 0330
TAS	27 Paterson Street, Launceston 7250	Phone (03) 6345 4700	Fax (03) 6345 4711
SA	465 Pulteney Street, Adelaide 5000	Phone (08) 8228 1700	Fax (08) 8228 1777
WA	50 St George's Terrace, Perth 6000	Phone (08) 9220 8222	Fax (08) 9220 8251
QLD	Level 2, 99 Melbourne Street, South Brisbane 4101 Level 5, Northtown Tower, Flinders Mall, Townsville 4810	Phone (07) 3307 4800 Phone (07) 4722 6000	Fax (07) 3307 4899 Fax (07) 4724 4398
NT	Level 2, Beagle House, 38 Mitchell Street, Darwin 0800	Phone (08) 8946 4600	Fax (08) 8946 4666

Click on the fields to complete online, then print and sign.

OR Print and complete all sections in black or blue pen.

1. Policy Details

Policy number

Claim number

Expiry date (dd/mm/yyyy)

Sum insured

2. Client Details

Name of Insured

Address

Suburb

State

Postcode

Phone number (h)

Phone number (w)

Email

Goods and Services Tax - to ensure you do not incur any unnecessary GST liabilities on this claim please advise your:

(a) Australian Business Number (ABN), if applicable

(b) entitlement to an Input Tax Credit in respect of:

(i) Insurance premium % and (ii) the property which is the subject of this claim %

3. Details of Accident

Where did the accident happen?

Date of accident (dd/mm/yyyy)

Time

am

pm

State clearly how the accident occurred.

Have you received any indication that a demand or claim will be made upon you for the incident or accident?

Yes

No

If yes, please provide details (include details of who is making the demand upon You and attach all documentation that You have received if the demand or claim has been made in writing).

Was the accident reported to the Police or Workcover?

Yes

No

If yes, please provide details of who attended.

4. Witness

Name Age

Address

Name Age

Address

5. If damage caused to property

Name

Address

Description of property

Nature of Damage

Estimate cost of damage

\$

6. Injury to persons

Name Age

Nature of Injury

Name Age

Nature of Injury

Do you know of any other insurance policy which covers the damage of items/injuries under our policy?

Yes

No

If yes, please explain

7. Declaration

I/We solemnly and sincerely declare:

1. That the information supplied on this Claim Form and Statement of Claim is true in every respect.
2. I/We understand that the claim may be refused if information is withheld, false, misleading or concealed.
3. That there was no other insurance covering this loss current at the date of this incident.
4. I/We acknowledge that this Claim Form is a Legal Document and as such may be used in any legal proceedings resulting from this claim.

Signature of Insured(s)

Date (dd/mm/yyyy)

Witness

Date (dd/mm/yyyy)