

Liability Claim Form



Claims Procedure

This claim form is to be completed when Your Property has been lost, damaged, stolen or destroyed.

It may be necessary for You to arrange urgent temporary repairs to protect Your Property.

It is necessary for You to complete all Sections of this claim form. Please answer all parts of the appropriate questions relevant only to the type of claim that You are lodging. 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.

Please attach (or promptly supply) where possible the original repair invoice or quotations with this completed form as well as any notices to the Police for Property lost or stolen or any Malicious Damage.

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 Nautilus Marine Office.

General Claim Form

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 Insurance premium % and the property which is the subject of this claim %

1. Insured Details:

Insured Name:

Policy number

Address

Phone number (h) Phone number (w)

Mobile: Best contact person.....

Occupation

2. Incident Details:

Where did the accident happen?.....

Date of accident (dd/mm/yyyy) Time am / pm

State clearly how the accident occurred.

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

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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? If yes, please provide details of who attended

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3. Witnesses:

Please advise details of any witnesses to the accident:

Name Age

Address Phone

Name Age

Address Phone.....

4. If damage was caused to third party owned property:

Owners Name

Address Phone.....

Description of Property:.....

Nature of Damage:.....

Estimate cost of damage \$

5. Injury to persons:

Name

Nature of Injury

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

referred to above? If yes, please explain

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6. 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 (Name and Signature):

Date (dd/mm/yyyy)

Please enclose all original details of demands or repair estimates and any other documents that are relevant to this incident.

If there is insufficient room on this form to provide all the information please attach additional documents with any further information you feel may assist in processing your claim.