



Australian Trainers' Association Public Liability And Professional Indemnity Claim Form

Under your policy conditions you are required not to admit to liability or offer to pay or negotiate any claim settlement without the written agreement of your insurers.

Name of Trainer:		ATA Membership No:	
Address:			
Phone:		Email:	
INCIDENT REPORT OF INJURY, DAMAGE OR THREAT OF LEGAL ACTION			
1. Date of happening:			
2. Exact place of happening:			
3. What happened?			
4. Did any conversations relevant to the accident take place at the scene and, if so, please relate these to the best of your recollection (if necessary, enclose a separate page).			
5. Was anyone injured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes:			
(a) Who was injured?			
Their address:			
(b) Their relationship with Trainer (Family Member / Employee / etc.)			
(c) Injuries sustained			
6. Was a horse involved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Nature of Horse:			
(b) Name of Owner or Manager			
Address:			
(c) Do you have a share in the horse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, state percentage:	%		

(d) Who was in charge of the horse at the time?			
Name:			
Strapper/Stablehand <input type="checkbox"/>	Apprentice <input type="checkbox"/>	Jockey <input type="checkbox"/>	
Trackwork Rider <input type="checkbox"/>	(Please specify whether Casual Employee or Contractor)		
Other <input type="checkbox"/>	Please explain		
(e) Was the horse injured?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes:			
Name of Injury			
7. Was a motor vehicle involved?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes:			
(a) Name of Owner			
(b) Make / Description / Registered Number:			
(c) Was the vehicle insured? If so, with whom			
8. Were the Police notified?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes:			
Address of Police Station:			
Date Reported:		Name of Attending Officer	
Police Report Number			
9. Were there any witnesses to the happening?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes:			
(a) Name of Witness			
Address:			
Phone Number:			
(b) Name of Witness:			
Address:			
Phone Number:			
<i>Please attach Witness Statements if possible.</i>			

10. Has anyone either verbally, or in writing, indicated that they have, or may make, a claim against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes:		
Whom has threatened a claim?		
Name:		
Address:		
Amount Claimed:		
For What:		

11. When did you first become aware a claim may be made against you?

DECLARATION

I declare that the foregoing particulars are true and correct to the best of my knowledge and belief.

Signed:

Date:

PLEASE RETURN TO: John Alducci: john.alducci@marsh.com

All Enquiries to John Alducci: Mobile: +61 412 435 369

Email: john.alducci@marsh.com

MARSH COLLECTION STATEMENT

In accordance with the Privacy Act 1988 (Cth) (and subsequent amendments) ('the Privacy Act'), we, Marsh Pty Ltd and our Associated Entities (as that term is defined in the Corporations Act 2001 (Cth)) ('Marsh') draw your attention to the following:

- We may collect personal information about you by means of the enclosed document.
- We are collecting the information principally for the purpose of approaching the (re)insurance market, placing insurance, assessing and advising you on your insurance needs, claims handling or risk management (depending on your requirements). Other purposes include providing you with information about other Marsh products or services and administering payments to you. If you are proposing for or renewing insurance, the information is required pursuant to your duty of disclosure under the Insurance Contracts Act 1984 (Cth), the Marine Insurance Act 1909 (Cth) or at common law.
- The information we collect may be disclosed to third parties including but not limited to (re)insurers, insurance intermediaries, service providers, finance providers, advisers, agents and Marsh's Associated Entities, which are all businesses of Marsh & McLennan group of companies ('MMC').
- Your personal information may be sent to our administrative processing centres in Mumbai (India) or Kuala Lumpur (Malaysia) and to other MMC companies, insurers, reinsurers and other third party service providers (e.g. data storage providers) in the United Kingdom, Singapore, Hong Kong, the United States of America and elsewhere.
- If you provide us with personal information about other individuals, you must ensure that those persons have been made aware of the above matters. Where the information collected relates to health, criminal record or other sensitive information as defined in the Privacy Act, you must obtain it with the individual's consent.
- We will use and disclose your personal information in accordance with our Privacy Policy. By completing this form you confirm that you have read the Marsh Privacy Policy available on our website (www.marsh.com.au) and you authorise and consent to Marsh collecting, holding, using and disclosing any personal information collected by means of the enclosed document in accordance with the terms of the Marsh Privacy Policy, including for the purposes explained in this collection statement above. If there are any inconsistencies between the terms of this collection statement and the terms of the Marsh Privacy Policy, the terms of the Marsh Privacy Policy prevail to the extent of that inconsistency. You may modify or withdraw your consent at any time. If you do not give us consent or subsequently modify or withdraw your consent, we may not be able to provide you with the products or services you want.
- You can contact our Privacy Officer by:
Email – privacy.australia@marsh.com
Phone – (02) 8864 7688
Post – PO Box H176, Australia Square NSW 1215

The advice in this form is general advice only. To help you decide if the cover suits you, please read the Product Disclosure Statement. We can provide you with further information. Please contact us to request. This insurance is arranged by Marsh Advantage Insurance Pty Ltd (ABN 31 081 358 303, AFSL 238 369) ('MAI'). MAI are not the insurer.