

GENERAL LIABILITY ACCIDENT CLAIM FORM

Notice of Accident/Incident

PLEASE USE BLOCK LETTERS | ALL SECTIONS MUST BE COMPLETED

SECTION 1 – POLICY HOLDER INFORMATION

Name of Insured _____

Address _____

State _____ Post Code _____

Telephone (AH) _____ Telephone (BH) _____

Email _____

Policy Number _____

Policy Period From _____ To _____

Does the Insured have an ABN? **Yes** **No**

If **Yes** what is the Insured's ABN? _____

Is the Insured registered for GST? **Yes** **No**

If applicable, please provide the Insured's ITC _____

Additional Policy Holder Information – (if different from above)

Contact Name _____

Address _____

Post code _____

Telephone (AH) _____ Telephone (BH) _____

Facsimile _____ Email _____

Position Held _____

SECTION 2 – ACCIDENT/INCIDENT DETAILS

Did the accident occur at an event authorized by the Insured? **Yes** **No**

If **Yes**, please answer the following

Name of Event _____

Date of Event ____ / ____ / ____

Was an Insured participant involved in the accident? **Yes** **No**

If **Yes**, please answer the following

Name _____

Address _____

Suburb _____ State _____ Post Code _____

SECTION 2 – ACCIDENT/INCIDENT DETAILS - Continued

Date the incident was reported to you _____

By Whom _____ Email _____

Full details and circumstances of the Accident/Incident.

(Please provide a diagram on the attached additional comments page to supplement this information.)

Was liability admitted? **Yes** **No**

If **Yes**, please provide details _____

Has any enquiry been held by Police, relative to the accident? **Yes** **No**

If **Yes**, please provide details and police reference number _____

Were there any charges laid by police? If **Yes**, please provide **Yes** **No**

details of investigating officer and station _____

Is there any other insurance in place that may respond to this **Yes** **No**

loss? If **Yes**, please provide details _____

SECTION 3 – THIRD PARTY DETAILS

Name _____

Address _____

Post code _____

Telephone (AH) _____ Telephone (BH) _____

Email _____

Date of Birth ____ / ____ / ____ Occupation _____

SECTION 4 – DETAILS OF INJURY, LOSS OR DAMAGE

Extent of 3rd party bodily injuries _____

Details of 3rd party property damage sustained _____

Please attach any demands and correspondents received from the 3rd party claimant

SECTION 5 – WITNESS STATEMENTS

Please provide names and addresses of all witnesses to the accident

1. Name _____
Address _____
Suburb _____ State _____ Postcode _____
Telephone AH _____ BH _____
Email _____ Mobile _____
2. Name _____
Address _____
Suburb _____ State _____ Postcode _____
Telephone AH _____ BH _____
Email _____ Mobile _____
3. Name _____
Address _____
Suburb _____ State _____ Postcode _____
Telephone AH _____ BH _____
Email _____ Mobile _____

SECTION 6 - DECLARATION

It is necessary that every care should be taken in completing this claim form and the information given herein should be accurate. You should not make any payment, offer or promise of payment or admit liability in anyway, as by doing so you may prejudice your position and forfeit the benefits afforded in the terms of your policy.

I acknowledge that any personal information that I have provided and/or will provide to Sportscover Australia Pty Ltd (SCA) (ACN 006 637 903) is necessary for and will be used in the processing, assessing, investigation and/or review of this claim. I hereby authorise SCA and/or its representatives and consent to SCA and/or its representatives and/or consent to SCA or its authorised agent to disclose my personal information to or receive it from an investigator, assessor, surveyor, accountant, employer, past or present, supplier, health service provider, appointed/authorised broker, account broker and/or broker of the entity/body corporate/organisation insured (Insured), State or Federal Authority, lawyer, another insurer or reinsurer (local or overseas), reinsurance broker, witness or another party to the claim. I will be provided with the opportunity to access my personal information (some restrictions and costs may apply). In respect of any complaint I may have regarding my personal information, I can contact the SCA Compliance Officer.

I agree that a photocopy/ scanned copy of this authorisation shall be considered as effective and valid as the original.

I do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail.

Signature

Date / /

Print Name _____

Position _____

Witness

Signature

Date / /

Print Name _____

Position _____



Sportscover Australia Pty Ltd

A.C.N. 006 637 903
A.B.N. 43 006 637 903
AFS Licence No. 230914

**THE ISSUE AND ACCEPTANCE OF THIS FORM DOES NOT CONSTITUTE
AN ADMISSION OF LIABILITY ON THE PART OF SPORTSCOVER**

CLAIMS HOTLINE: 1300 134 956

Please send all claims correspondence to:

**CLAIMS DEPARTMENT
SPORTSCOVER AUSTRALIA PTY LTD
Locked Bag 6003
Wheelers Hill VICTORIA 3150**

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