

# 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) \_\_\_\_\_

Facsimile \_\_\_\_\_ 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 percentage \_\_\_\_\_

### 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.)

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Was liability admitted? Yes  No

If Yes, please provide details \_\_\_\_\_

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

If Yes, please provide details \_\_\_\_\_

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

If yes, please provide details \_\_\_\_\_

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**SECTION 3 – THIRD PARTY DETAILS**

Name \_\_\_\_\_

Address \_\_\_\_\_

Post code \_\_\_\_\_

Telephone (AH) \_\_\_\_\_ Telephone (BH) \_\_\_\_\_

Facsimile \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Occupation \_\_\_\_\_

**SECTION 4 – DETAILS OF INJURY, LOSS OR DAMAGE**

Extent of 3<sup>rd</sup> party bodily injuries \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Details of 3<sup>rd</sup> party property damage sustained \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Please attach any estimates for repair that have been provided by the 3<sup>rd</sup> party*

**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 \_\_\_\_\_





MAP OF INFORMATION

[Empty box for Map of Information]

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 Privacy 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     /     /

[Signature box]

Print Name \_\_\_\_\_

Position \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date     /     /

[Witness Signature box]

Print Name \_\_\_\_\_

Position \_\_\_\_\_



**Sportscover Australia Pty Ltd**

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

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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**