

# Liability Claim Form



Please print in block letters and ANSWER ALL QUESTIONS. This form should be promptly returned along with any other documents or reports relating to the incident (including photographs where possible). If the space provided below is insufficient to advise all the details, please attach a separate sheet.

Policy number (from your schedule)

Expiry date

Claim Number (For office use)

## NOTES

1. The issue of this form does not constitute an admission of liability on the part of the insurer.
2. If anyone holds you responsible for their accident/injury, insist their claim must be in writing by way of a Letter of Demand.
3. Any communication received must be forwarded to SGUA immediately.
4. Do not admit liability. Please do not disclose to Claimants the existence of a policy.

## Insured Details

Name of Insured

Contact name

Postal Address

Postcode

Email address

Phone no.

Are you registered for GST? No  Yes  What is your ABN?

Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the Policy?

No  Yes  Will you be claiming an amount less than 100%? No  Yes  Specify amount claimed  %

Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?

No  Yes  Will you be claiming an amount less than 100%? No  Yes  Specify amount claimed  %

## Claimant Details

Full Name

Age

Postal Address

Postcode

Email address

Phone no.

## Incident Details

Date  Time  am  pm  Date reported to you  Time  am  pm

Location

Please describe how the accident/incident occurred

If you have admitted responsibility in any way give details.

## How Reported

Reported by

Address

Email address

Phone no.

Reported by

Address

Email address

Phone no.

How

In person

By Telephone

By Email

Other

Reported to

Address

Email address

Phone no.

## Cause

Was accident due to  The actions of any individuals  Property  Plant/Equipment  Motor Vehicle  An Animal

Please complete full details of appropriate sections below

**Actions of Individual/s:** Please provide their name, address and relationship to you (i.e. claimant, employee, member of your family, sub-contractor, etc.)

Name	Address	Relationship
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## Treatment

Was treatment given at the scene of the accident?

No

Yes



By whom?

Name

Address

How severe was the injury in your opinion?

Trivial

Minor

Major

Serious

Was transport provided?

No

Yes

Was ambulance used?

No

Yes

## Witness and their Relationship (ie; employer, members of your family etc)

Name	Address	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Address	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Address	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Address	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Police

Did the Police attend?

No

Yes

Provide details

Did Police lay any charges or indicate action may be taken?

## Property Damage

Name of the owner(s) of the property damaged

Address

Postcode

What is your relationship to the owner(s)?

Description of property damage

Nature and extent of damage

Estimated cost of repair/replacement

\$

Please attach any demands, quotes or further information/reports

**Privacy Statement:**

St George Underwriting Agency (SGUA) are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles. This Privacy Policy describes our current policies and practices in relation to the collection, handling, use and disclosure of personal information. It also deals with how you can complain about a breach of the privacy laws and how you can access the personal information we hold and how to have that information corrected.

You can access a copy of SGUA's Privacy Policy [here](#)

**Declaration and Authorisation**

The information and answers given above are true, correct and complete in every detail.

1. I/We understand that the claim may be refused if the information that I/we have provided is not true or withheld.
2. I/We authorise SGUA Insurance (Australia) Limited to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained.

**Signature/s of Insured**

**Date**

**Print name**

**Please check that this form has been fully completed as any omissions may delay your claim.**

**Need assistance?**

**Call:** 1300 697 482

**Please return the complete claim form to**

**Email:** [claims@sgua.com.au](mailto:claims@sgua.com.au)

**Post:** PO Box 5663, St Georges Tce,  
Perth WA 6831

