

The issue or acceptance of this form is not to be construed as an admission of liability on the part of the company.

Please provide complete details to the questions asked on this form. If there is insufficient space for your answers please attach a separate page.

You should not admit liability or make any offer or enter into any correspondence regarding any incident which may result in a claim under your policy.

Please send the completed claim form as soon as possible to BizCover.

**1. YOUR DETAILS**

Name of Insured

Policy Number  Expiry Date

Postal Address

Town  State  Post Code

Email Address

Phone Number  Work/Mobile

**2. INCIDENT DETAILS**

Occurrence Date  Time

Location

Town  State  Post Code

Please Describe What Happened

**3. OTHER PARTY'S DETAILS**

Provide the name and address of person injured or owner of property lost or damaged:

Name of Insured

Postal Address

Town  State  Post Code

**4. DAMAGE AND/OR INJURY DETAILS**

Provide details of any property that has been damaged and/or injuries suffered:

Has a demand been made against you for the damage or injury? No  Yes  If yes, provide details:

#### 4. DAMAGE AND/OR INJURY DETAILS (CONTINUED)

Have you admitted responsibility/liability for the damage or injury? No  Yes  If yes, provide details:

Do you consider that you are responsible for the damage or the injury sustained by the other party? No  Yes  If yes, provide details:

#### 5. CAUSE

##### PRODUCT

Does the claim involve a product that you manufactured or supplied to another person? No  Yes  If yes, provide details:

##### VEHICLE

Did the accident or injury arise out of the use of a vehicle? No  Yes  If yes, provide details:

Was the vehicle registered or required to be registered? No  Yes  If yes, provide details:

If unregistered, was the vehicle insured under a motor vehicle or other insurance policy? No  Yes  If yes, provide details:

##### PROPERTY

Does the claim involve damage or injury arising from a property? No  Yes  If yes, provide details:  
Please advise who the property is owned by:

Please advise who the property is occupied by:

##### ANIMAL

Does the claim involve damage or injury caused by an animal? No  Yes

If yes, please advise the type of animal

Is the animal normally kept behind fences? No  Yes

Has the animal been involved in similar incidents? No  Yes

## 6. WITNESSES

Name of witness	<input type="text"/>		
Address	<input type="text"/>		
Town	<input type="text"/>	State	<input type="text"/>
		Post Code	<input type="text"/>
Phone Number	<input type="text"/>	Relationship	<input type="text"/>
			(e.g employee, family, friend etc)
Name of any additional witness	<input type="text"/>		
Address	<input type="text"/>		
Town	<input type="text"/>	State	<input type="text"/>
		Post Code	<input type="text"/>
Phone Number	<input type="text"/>	Relationship	<input type="text"/>
			(e.g employee, family, friend etc)

## 7. GOODS AND SERVICE TAX

Are you registered for GST? No  Yes  If yes, provide details:

What is your entitlement to an Input Tax Credit?  %

## 8. PRIVACY

We are committed to protecting the privacy of your personal information in accordance with the Privacy Act.

We use the personal information you provide to us in connection with your claim only for the purpose of managing and assessing the claim. We may need to provide that information to our underwriters and reinsurers (and their representatives) and those we appoint to assist us with the claim. We never sell or rent your personal information.

If you do not provide us with complete information, we cannot properly assess your claim. You may reasonably obtain access to your personal information that we hold. Our detailed privacy policy is available on request.

## 9. DECLARATION

1. I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.
2. I/We authorise BizCover Pty Ltd and/or The Hollard Insurance Company Pty Ltd to give to or obtain from other insurers or insurance reference bureaus, any information relating to this claim or any other claim made by me/us or any insurance held by me/us.

Signature

Date