



The completion of this form is to report:

- Any accident which has caused bodily injury or property damage; or
- Any accident which has the potential to result in a personal injury or property damage claim.

If you have received any written communication, do not answer. Attach to this claim

Claim Number				
Name of Insured: Contact Person Home Phone No. Email Postal Address Broker/Agent Name Policy No. Inception Date		k Phone No.	Mobile No. Occupation Phone No.	Postcode
G.S.T.: Are you regis	stered for GST purposes?	Yes □ No □	A.B.N.	
· · · · · ·	ou entitled to claim an Inpu	t Tax Credit on the GST for	this policy?	%
Premises Leased? If yes, give details	Yes □ No □ Have pre	mises been altered since Ir	ncident? Yes □	No □
Incident / Accident	: Date	Time	am/pm Date Rep	orted
Location	·			
Who was incident re	eported to?  It (including the cause and s	source of information)		Employee Yes □ No □
Product Name Serial No.	(If applicable, please comple	te the following)	Model No. Batch No.	
Customer's Name Address			Phone No	
Addicas				Postcode

	Damaged:										
Nature and	d extent of a	damage						Esti	mated	Cost \$	
Name of C	Owner of da	maged prop	erty								
Address											
										Postcode	
Phone No.	(Home)			Phone	No. (Work)			Mobil	e No.		
				_							
Personal I	njury:										
Name of P	erson Injure	ed									
Age		years	Sex	Male 🗌	Female □		Occupation				
Address											
										Postcode	
Phone No.	(Home)			Phone	No. (Work)			Mobil	e No.		
Nature of I	Injury			_				_	_		
	· · · –	t the scene	of the li	ncident?	Yes 🗆	No 🗆					
	_	bulance or									
Address	viioiii (ii dii	ibularice of	doctor,	Sive deta							
Address										Postcode	
Mas transm	ماد مسمینام	d to boonito	Jo		Vas 🗆	No 🗆				Posicode	
vvas transp	ort provide	d to hospita	11?		Yes	No 🗆					
Witnesses	: Were there	e any witnes	sses to t	he event	? Yes □	No □	(If ves. pl	ease con	nplete 1	he followin	ıg)
Name		/					( / 55/ F.				-67
Address											
Addicss										Postcode	
Dhana Na	(Hama)			Dhana	No (Morle)			Mabil	a Nia	rosicode	
Phone No.	·	-2		PHOHE	No. (Work)			Mobil	e No		
	the Witnes	S?									
Second W	itness:										
Name											
Address											
										Postcode	
Phone No.	(Home)			Phone	No. (Work)			Mobil	e No		
Where was	the Witnes	s?									
•	,	ct 1988 req		,			nal claims data			-	nd agents
as an insurer we collect your personal and sensitive information in order to calculate your loss and					or other parties as required by law.						
					and		You have the right to seek access to your personal				
entitlements, determine our liability, compile data and handle claims. When handling claims, we may have to				information and to correct it at any time. Please contact us on 1300 360 529 EST 9am-5pm, Monday-Friday and							
disclose yo	our personal	and other i	informat	tion to th	ird		advise us of the changes.				
parties suc	th as other i	nsurers, reir	nsurers,	loss adju	ısters,	davisc	as or the ch	u11603.			
IDR States	nant. Disnu	tac are not	an avarı	ıdavı	•••••	If you	are not catic	iad with	the ou	tcome of th	nic nrocace
IDR Statement: Disputes are not an everyday occurrence at Allianz. However we do provide an					If you are not satisfied with the outcome of this process, we will advise you how to contact the insurance						
internal dispute resolution process should any dispute					industry's external independent complaints scheme						
arise. Pleas	se feel free	to ask for de	etails.			(subje	ect to eligibilit	у).			
•••••	n: I/Mo cort	tifu that the	informa	tion give	 n in	conco	nt to the coll	oction ct	orago	uso and die	clocure of
Doclaratio	III. I/ VVE (EII	my mai me			11 111		nt to the collenation				
Declaration this form is		curate and	complet	te No							
this form is	s truthful, a				nheld.						
this form is information I/We unde	s truthful, ac n likely to a rstand that	ffect this cla this claim m	iim has l nay be re	been witl efused if	nheld.	affecto ackno	ed by this clai wledge that it	m, with I/we do	their ap not ag	oproval. I/w gree to the	e collection
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