

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

 DD / MM / YY

Important notice

No admission of liability, either implied or expressed, should be made. Any claim made upon you should simply be acknowledged with advice that the matter has been referred to your insurer for determination. The completion of this form and its receipt by CGU is not an indication that CGU accept any liability to you or to any person claiming from you.

Insured's details

Name of Insured (other than trading name)

Address

Postcode

Trading Name of Business

Type of Business

Contact name

Telephone no.

Mobile no.

Facsimile no.

Email address

1. Are you registered for GST purposes?

No Yes

▶ What is your ABN?

2. What was your 'Entitlement to an Input Tax Credit' (EITC%) on your premium payment for this policy?

 %

Claim details

3. Date of incident

 DD / MM / YY

Time

 a.m. p.m.

4. Date you first became aware of the incident

 DD / MM / YY

Please describe fully how the loss/damage occurred (If insufficient space please attach separate sheet)

5. Address where the incident happened

Postcode

Are you the owner or occupier of the above address? (please state which)

If you lease the premises provide a signed copy of the Lease.

6. Has a claim been made on you?

No Yes Provide details and copies of correspondence.

General information

7. Name and addresses of witnesses

Witness no. 1

Full name

Telephone no.

Address

Postcode

Witness no. 2

Full name

Telephone no.

Address

Postcode

8. Did police attend?

No Yes Provide details.

9. Have there been prior incidents in similar circumstances?

No Yes Provide details.

10. Do you consider yourself responsible for the accident?

Yes State reason.

No State reason.

Name and address of person(s) whom you consider to be responsible and their relationship to you.

Postcode

11. Are you aware of any defect to your plant, equipment or any other property which gave rise to this claim?

No Yes Provide details.

Injured person(s) details

12. Name

Address

Postcode

13. Full details of injuries

14. What is your relationship to the person?

Property damaged details

15. a. Name of the owner(s) of the property damaged

Address

Postcode

b. What is your relationship to the owner(s)?

16. Describe the property and the full details of damage (if a vehicle, include make, model and registration)

(Attach quotations if possible)

17. Estimated cost of repair/replacement:

\$

18. Was the property in your custody?

No Yes For what purpose?

19. Have any repairs been carried out?

No Yes Provide details.

a. Name of Repairer

b. Address

Postcode

c. Cost of repairs

\$

Declaration

I/We declare that the said loss occurred without my/our knowledge or consent and that I/We have not sought to benefit unjustly from this claim by fraud, wilful misrepresentation or exaggeration.

I/We declare that the information supplied on this claim form is true in every respect.

I/we agree that, by submitting this form, the personal information I/we provide to CGU Insurance in this form or otherwise may be collected, held, used and disclosed in the manner set out in the CGU Privacy Policy found at www.cgu.com.au/privacy, including for processing this claim.

Signature of Insured

Date

Print name

When complete, please forward the report to:

Liabilityclaims@cgu.com.au or

CGU Insurance, GPO Box 4756 MELBOURNE VIC 3001 or

Fax 1300 033 218 our agent or your broker or

your CGU Insurance office

Tel CGU Claims - 13 24 80 (13 CGU 0)



Insurer
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ABN 11 000 016 722 AFSL 227681
trading as CGU Insurance.

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