

THE COMPLETION OF THIS FORM AND ITS RECEIPT BY US IS NOT AN INDICATION THAT WE ACCEPT ANY LIABILITY.

PLEASE PRINT IN BLOCK LETTERS and answer all Questions  where applicable (Provide full and complete answers). If a particular question does not apply, please write "Nil" in the space provided. If the space provided below is insufficient to advise all the details, please attach a separate sheet.

THIS FORM SHOULD BE COMPLETED AND RETURNED TO NRMA BUSINESS INSURANCE WITHIN 7 DAYS OF RECEIPT BY THE INSURED.

Claim No.

Policy No.

Expiry Date

 /  / 

Excess

 \$

## IMPORTANT NOTICES

- 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.
- Promptly return this form with all questions answered in full, along with any other reports relating to the circumstances of the accident, including photographs (where possible).
- Where underground services are involved, please attach a fully completed Underground Services Questionnaire with this form.

## INSURED'S DETAILS

Name of the Insured Mr Mrs Miss Ms \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_

Name of Business \_\_\_\_\_ Contact Name \_\_\_\_\_  
 Telephone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_ Facsimile No. \_\_\_\_\_

(1) Are you registered for GST? No  Yes

(2) What is your Australian Business Number (ABN)?

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

## CLAIM DETAILS

(4) Have you previously reported this claim to us? No  Yes   
 If "yes", how and when? \_\_\_\_\_  
 \_\_\_\_\_

(5) Date of incident? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time \_\_\_\_\_ am/pm

(6) Address where the incident occurred: \_\_\_\_\_

(7) Date you first became aware of the incident: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Please describe fully how the loss/damage occurred (If insufficient space please attach separate sheet)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(8) Has a claim been made on you? No  Yes   
 If "yes", please provide details and copies of correspondence.  
 \_\_\_\_\_  
 \_\_\_\_\_

## GENERAL INFORMATION

(9) Name and addresses of witnesses.  
 \_\_\_\_\_  
 \_\_\_\_\_

(10) Did police attend? No  Yes   
 If "yes", please give details: \_\_\_\_\_

## GENERAL INFORMATION (Continued)

- (11) Has there been a similar incident in similar circumstances? No  Yes   
If "yes", please give details. \_\_\_\_\_  
\_\_\_\_\_
- (12) Do you consider yourself responsible for the incident? No  Yes   
(a) If "yes", state reason: \_\_\_\_\_  
\_\_\_\_\_
- (b) If "no", name and address of person(s) whom you consider to be responsible. \_\_\_\_\_  
\_\_\_\_\_
- (c) Is the party responsible a Landlord? No  Yes   
If "yes", please provide a signed copy of the Lease.
- (13) Are you aware of any defect to your plant equipment or property which may have caused or contributed to the incident? If "yes", please give details: No  Yes   
\_\_\_\_\_

## INJURED PERSON(S) DETAILS

- (14) Name \_\_\_\_\_
- (15) Address \_\_\_\_\_
- (16) Full details of injuries \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (17) Was the injured person a customer or client? No  Yes   
Please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PROPERTY DAMAGE DETAILS

- (18) Name and address of the owner(s) of the property damaged \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (19) Full details of damage to property \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (Attach quotations if possible)*
- (20) Estimated cost of repair/replacement: \$ \_\_\_\_\_
- (21) Was the property in your custody? No  Yes   
If "yes", for what purpose? \_\_\_\_\_
- (22) Have any repairs been carried out? No  Yes   
If "yes", give details:  
(a) Name of Repairer \_\_\_\_\_  
(b) Address \_\_\_\_\_  
(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 consent to the Insurer, in assessing or otherwise dealing with this claim, disclosing my/our personal information to or collecting my/our personal information from related entities, other insurers, insurance reference bureaux, investigators, or other parties providing services to the Insurer.

Signature of Insured \_\_\_\_\_

Print name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_