Midland.
INSURANCE BROKERS

Midland Insurance Brokers Australia Pty Ltd.
ABN 81 006 528 329 **AFSL** 238963

03 9349 2733
Level 2, 200 Lygon Street, Carlton Vic 3053
melb@midlandinsurance.com.au
www.midlandinsurance.com.au

LIABILITY CLAIM FORM

Note:
This form must be completed by the policyholder NOT the injured party.
To be completed when accident causes damage to property or injury to a member of the public.

(If there is not enough room on this form for your answers, please attach a separate sheet, indicating the Section and Question you wish to complete.)

PLEASE RETURN COMPLETED CLAIM FORM TOGETHER WITH ANY LETTER OF DEMANDS / SUPPORTING DOCUMENTATION TO: carltonclaims@midlandinsurance.com.au

YOUR PRIVACY

The Privacy Act 1988 requires us to make the following disclosure before collecting personal information about you:

- We collect personal information in order to provide our broking services including assistance with insurance claims. We will ask you to supply personal information on this form so we can assist you to submit your insurance claim and have it considered by the insurer. We will disclose this information to the insurer for this purpose.
- If the personal information is not provided, the insurer may not be able to assess and pay the claim and we may not be able to assist with your claim.
- We and the insurer may disclose the personal information to other people involved in reviewing the claim, including reinsurers, other insurance intermediaries, the insurer's advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process.
- Your information will be disclosed to organisations overseas if your policy is underwritten by an overseas insurer. If your insurer is overseas, you can contact us for information about where the insurer is located.
- By signing this form, you consent to us and the parties mentioned above collecting, using and disclosing personal and sensitive information about you for the purposes described above. You understand that any personal and sensitive information disclosed to organisations located overseas may not be protected in the same way as it is in Australia. Even though we have no control over how the information will be used and disclosed, you consent to us disclosing your personal and sensitive information to those overseas organisations for the purposes described above.

Further information about how to access the personal information we hold about, have it updated or corrected or how to make a complaint about how your personal information is in our Privacy Policy on our website:

https://midlandinsurance.com.au/wp-content/uploads/2020/08/Privacy-Statement-and-Compliance-doc_15.01.2020.pdf

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Claim Number:	

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1. Details of Policy Holder

Name of Policy Holder: …… **Address of Policy Holder:** …… …… Postcode ……	**Occupation or Trade:** …… …… **Telephone Numbers:** **Business Hours** (…..) ……..…….. **After Hours** (…..) ……..…...

Insurer:	**Policy No:**	**Expiry Date:**
……...	……...	……. / …… / …….

2. Details of Accident / Injury

Date of accident:	……. / ……. / …….	**Time of accident:**	…… ☐ am ☐ pm
Was there any personal injury? *If yes, please state:*	☐ YES ☐ NO		
(i) Name(s) and address(es) of injured persons:	1. Name: …… Address: …… …….. Postcode …… 2. Name: …… Address: …… …….. Postcode ……		
(ii) Nature and extent of injuries:	1. …… …… 2. …… ……		

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(iii) Name of Doctor and/or Hospital (if applicable)	1. ..... 2. .....
Was any third party property damaged? *If yes, please state:*	☐ YES ☐ NO
(i) Name(s) and address(es) of owner(s):	1. Name: ..... Address: .... Postcode ..... 2. Name: ..... Address: .... Postcode .....
(ii) Nature and extent of damage:	1. .... 2. ....
Is the third party:	(i) an employee of the policyholder? ☐ YES ☐ NO (ii) an employee of a sub-contractor? ☐ YES ☐ NO (iii) a member of the policyholder's family? ☐ YES ☐ NO (iv) ordinarily resident in the policyholder's home? ☐ YES ☐ NO
Has the claim been intimated:	(i) verbally? ☐ YES ☐ NO *(If yes, to whom)* ..... (ii) in writing? ☐ YES ☐ NO *(If yes, please attach correspondence)* .....

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Name of your employee in charge at the time of	.....	
Give details of all witnesses, if any:	**Name**	**Address**
	.....	....Postcode .....
	.....	.... Postcode .....
	.....	.... Postcode .....

State fully and clearly the circumstances surrounding the accident:

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3. ABN Details

Are you a registered business? ☐ Yes ☐ No
What is your ABN? ABN No: ……..
What percentage of GST in your premium did you claim as an Input Tax Credit for the period of insurance in which this loss occurred? ……..%

4. Declaration

I declare that the above statements are true, that I have not suppressed or mis-stated any facts. I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify Midland Insurance Brokers in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed "Your Privacy".

Full name of claimant(s)
(please use block letters) ……

……

Signature(s)

…… Date: …… / …… / ……..

…… Date: …… / …… / ……..