



# Action Insurance Brokers

"Service Solutions Security"

Licensed Financial Service Provider – AFSL# 225047

Principal Member – National Insurance Brokers Association

## 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.*

### YOUR PRIVACY

The Privacy Act 1988 requires Action Insurance Brokers P/L to make the following disclosure before collecting personal information about you after 21 December 2001:

- ◆ Action Insurance Brokers P/L collects personal information in order to provide it's various services which include insurance broking, claims management, risk management consultancy, underwriting management, and reinsurance.
- ◆ If the personal information Action Insurance Brokers P/L requests from you is not provided, Action Insurance Brokers or any involved third party may not be able to provide the appropriate services.
- ◆ Action Insurance Brokers P/L discloses personal information to third parties who are involved in the provision of our services. For example, in arranging and managing your insurance needs Action Insurance Brokers may provide information (including sensitive information such as health information) to insurers, reinsurers, other insurance intermediaries, it's advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process. By signing this form and continuing to deal with us, you confirm on your behalf and/or on behalf of those you represent consent to Action Insurance Brokers and these parties collecting, using and disclosing personal and sensitive information about you.
- ◆ Action Insurance Brokers P/L has a duty to maintain the confidentiality of it's client's affairs which includes their personal information. Our duty of confidentiality applies except where disclosure of your personal information is with your consent or required by law.
- ◆ Action Insurance Brokers P/L may make use of your personal information to provide you with information about it's products and services.

Further details on the Action Insurance Brokers P/L Privacy Policy are on our website: [www.actioninsurance.com.au](http://www.actioninsurance.com.au)

### Contact us

Simply contact the Action Insurance Brokers P/L Privacy Officer on the details below if you would like to:

- ◆ Access the personal information Action Insurance Brokers hold about you
- ◆ Update or correct the information Action Insurance Brokers about you
- ◆ Discuss your privacy concerns
- ◆ Be removed from the mailing list to receive information about Action Insurance Brokers' other products and services

Privacy Officer  
Action Insurance Brokers  
Suite 301, Building A, 20 Lexington Drive Bella Vista NSW 2153

E-mail: [info@actioninsurance.com.au](mailto:info@actioninsurance.com.au)  
Telephone: 02 8935 1500  
Fax: 02 8935 1501

Action Insurance Brokers Pty Limited  
ABN 39 080 844 426 AFS License # 225047

## 1. Details Of Policyholder

<b>Name &amp; Address of Policyholder</b> ..... ..... ..... .....		<b>Occupation or Trade</b> ..... <b>Telephone Nos:</b> B/H (.....) ..... A/H (.....) .....
<b>Insurer:</b>	<b>Policy No:</b>	<b>Expiry Date:</b> /     /
<b>GST Details:</b> Are you registered for GST Purposes? Yes <input type="checkbox"/> No <input type="checkbox"/> ABN No: ..... To what extent are you entitled to claim an Input Tax Credit for this policy? .....%		
<b>Payment:</b> Following Acceptance of your Claim by the Insurer, Please nominate your preferred method of payment. Cheque <input type="checkbox"/> Direct Payment <input type="checkbox"/> If you selected Direct Payment please provide the following information Bank ..... Account Name ..... BSB ..... Account Number ..... Note: Final Payment is at the Insurers discretion provided an EFT payment facility is available.		

## 2. Details Of Accident / Incident

<b>Date of accident/Incident</b>	/     /20	<b>Time of accident/incident</b>	am/pm
<b>Was there any personal injury?</b> If yes, please state: (i) name(s) and address(es) of injured persons:	Yes <input type="checkbox"/> No <input type="checkbox"/> 1. .... ..... .....Postcode..... 2. .... ..... .....Postcode..... 3. .... ..... .....Postcode.....		
(ii) nature and extent of injuries:	1. .... 2. .... 3. ....		
(iii) name of doctor and/or hospital (if applicable)	..... ..... .....		
<b>Was any third party property damaged/stolen?</b> If yes, please state (i) name(s) and address(es) of owner(s): (ii) phone number	Yes <input type="checkbox"/> No <input type="checkbox"/> 1. .... ..... .....Postcode..... 2. .... ..... .....Postcode.....		
(ii) nature and extent of damage:	1. .... 2. ....		
<b>Is the third party:</b> (i) an employee of the policyholder? (ii) an employee of a sub-contractor? (iii) a member of the policyholder's family? (iv) ordinarily resident in the policyholder's home?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		

[illegible]

## 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 Action Insurance Brokers Pty Ltd, its Employees and Representatives 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".

Signature(s) ..... Date: ...../...../.....

