



AR 414029

PSC CONNECT PL AFSL 344648

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.)

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, information about where the insurer is located is set out below:
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.

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: www.seqinsurancegroup.com.au

Contact Us

You can contact our Privacy Officer using the details below:

Privacy Officer

Address: frank@seqinsurancegroup.com.au

E-mail: frank@seqinsurancegroup.com.au

Telephone: 1300 849 703

Fax: 07 5609 6051



AR 414029

PSC CONNECT PL AFSL 344648

Claim Number:

1. Details of Policy Holder

Name of Policy Holder: Address of Policy Holder: Postcode	Occupation or Trade: Telephone Numbers: Business Hour (....) After Hour (....)	
Insurer:	Policy No:	Expiry Date: / / 20.....

2. Details of Accident / Injury

Date of accident: / / 20.....	Time of accident: am/pm
Was there any personal injury? If yes, please state:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>(i) name(s) and address(es) of injured persons:</i>	1. Name: Address: Postcode	
	2. Name: Address: Postcode	
<i>(ii) nature and extent of injuries:</i>	1. 2.	



AR 414029

PSC CONNECT PL AFSL 344648

<p><i>(iii) name of doctor and/or hospital (if applicable)</i></p>	<p>1.</p> <p>2.</p>
<p>Was any third party property damaged? <i>If yes, please state:</i></p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p><i>(i) name(s) and address(es) of owner(s):</i></p>	<p>1. Name:</p> <p>Address:</p> <p>..... Postcode</p> <p>2. Name:</p> <p>Address:</p> <p>..... Postcode</p>
<p><i>(ii) nature and extent of damage:</i></p>	<p>1.</p> <p>.....</p> <p>2.</p> <p>.....</p>
<p>Is the third party:</p>	<p>(i) an employee of the policyholder? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>(ii) an employee of a sub-contractor? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>(iii) a member of the policyholder's family? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>(iv) ordinarily resident in the policyholder's home? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Has the claim been intimated:</p>	<p>(i) verbally?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, to whom)</i></p> <p>.....</p> <p>(ii) in writing?</p>



AR 414029

PSC CONNECT PL AFSL 344648

.....
.....
.....
.....
.....

3. ABN Details

Are you a registered business? <input type="checkbox"/> Yes <input type="checkbox"/> 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 the Insurer 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) <i>(please use block letters)</i>
Signature(s) Date: / / 20.... Date: / / 20....