



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 Cambridge Insurance Brokers Pty Ltd to make the following disclosure before collecting personal information about you after 21 December 2001:

- ◆ Cambridge Insurance Brokers Pty Ltd collects personal information in order to provide its various services which include insurance broking, claims management, risk management consultancy, underwriting management, and reinsurance.
- ◆ If the personal information Cambridge Insurance Brokers Pty Ltd requests from you is not provided, Cambridge Insurance Brokers Pty Ltd or any involved third party may not be able to provide the appropriate services.
- ◆ Cambridge Insurance Brokers Pty Ltd discloses personal information to third parties who are involved in the provision of our services. For example, in arranging and managing your insurance needs Cambridge Insurance Brokers Pty Ltd may provide information (including sensitive information such as health information) to insurers, reinsurers, other insurance intermediaries, its 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 Cambridge Insurance Brokers Pty Ltd and these parties collecting, using and disclosing personal and sensitive information about you.
- ◆ Cambridge Insurance Brokers Pty Ltd has a duty to maintain the confidentiality of its 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.
- ◆ Cambridge Insurance Brokers Pty Ltd may make use of your personal information to provide you with information about its products and services.

Further details on the Cambridge Insurance Brokers Pty Ltd Privacy Policy are available on our website: www.cambridgeins.com.au or please contact our Office.

Contact us

Simply contact the Cambridge Insurance Brokers Pty Ltd Privacy Officer on the details below if you would like to:

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

Privacy Officer
Cambridge Insurance Brokers Pty Ltd
Suite 6, 1924 Beach Road, MALAGA WA 6090
PO Box 2650 MALAGA WA 6944

E-mail: general@cambridgeins.com.au
Telephone: (08) 9248 7944
Fax: (08) 9248 1344

Claim No:

1. Details Of Policyholder

Full Name(s) of Insured:		Address of Insured: Postcode..... Telephone No: A/H (.....) B/H (.....)	
Insurer: /	Policy No:	Expiry Date:	/

2. Details Of Accident / Injury

Date of accident	/ /	Time of accident	am/pm
Was there any personal injury? <i>If yes, please state:</i> (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)		
Was any third party property damaged? <i>If yes, please state</i> (i) name(s) and address(es) of owner(s):	Yes <input type="checkbox"/> No <input type="checkbox"/>	1.	

Postcode..... . 2..Postcode..... .	
<i>(ii) nature and extent of damage:</i>	1. 2.	
Is the third party: (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"/>	
Has the claim been intimated: (i) verbally?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes, to whom?)</i>	
(ii) in writing?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes, please attach correspondence)</i>	
Name of your employee in charge at the time of the accident	
Give details of all witnesses:	Name	Address
Postcode.....
Postcode.....
Postcode.....
Postcode.....

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?
.....%

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 [Your Company] 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:/...../.....