



Guardian Underwriting Services Pty Ltd

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137 Moray Street South Melbourne 3205

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insure@guardianunderwriting.com.au

Liability Claim Form

Policy Number:		Expiry Date	
Insured:			
Address:			
Occupation:			
Telephone (private)		Telephone (work)	
Telephone (mobile)		E Mail address	
Tax Status:	Registered <input type="checkbox"/> Yes <input type="checkbox"/> No		Taxable %
Incident:			
Date of incident		Day of week	Time
Description of the incident?			
Address where the incident occurred?			
Are the premises tenanted?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupancy Description?			
When were the premises last occupied prior to this loss?			
Relationship			
What is the relationship between the insured, and the injured person or the owner of the damaged property			
<input type="checkbox"/> Family <input type="checkbox"/> Employee <input type="checkbox"/> Customer of insured <input type="checkbox"/> Tenant <input type="checkbox"/> Customer of tenant <input type="checkbox"/> Other			
If other, provide details?			
Witnesses			
Were there any witnesses to the incident?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Witnesses names			
Addresses			
Telephone (private)		Telephone (mobile)	
Independent witnesses names			
Addresses			
Telephone (private)		Telephone (mobile)	

Responsible Party			
Was another person responsible for the incident?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, provide details?			
Police			
Did you report the incident to the police?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Time and date reported to police		Time	
Did the police attend the incident?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please state from which police station?			
Did this Officer indicate who was responsible?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please provide details?			
Name of the officer and report number		Officer:	Report No:
Notification of Claim			
Have you received any notice of a claim?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, was the notice verbal or in writing?		<input type="checkbox"/> Verbal <input type="checkbox"/> Written	
If in writing please attach the correspondence.			
Injuries			
Name of injured person:			
Details and Age:		<input type="checkbox"/> Male <input type="checkbox"/> Female	Approximate Age
Address:			
Occupation:		Employer	
Telephone (private)		Telephone (work)	
Description of the Injuries received?			
Medical Assistance			
Was it necessary to call for immediate medical assistance?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, did a doctor or ambulance attend?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes", please give name of doctor?		Telephone	
Were they transported to hospital?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Hospital

Property Damaged			
Do you own the property which was damaged?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, owners details?			
Addresses?		Telephone	
Do you occupy the property which was damaged?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, tenants details?			
Addresses?		Telephone	
Did the incident occur on common property?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes provide details?			
Was this incident caused by the plant or equipment?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, describe the plant/equipment and its use?			
If No, describe the property which caused the incident?			
Explain why this property caused the incident eg defect, spillage?			
How long had the defect or hazard been evident?			
Had any notice been given to you of the defect or hazard by your agent or tenant?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, by whom?		Date notified	
If Yes, provide details?			
BINDING AUTHORITY			
<p>Guardian acts under a 'Binding Authority Agreement' which gives Guardian authority to bind insurance contracts and / or settle claims. Guardian is not the Insurer for this contract and is not liable for any claim. The Insurer is clearly shown on the Policy Schedule.</p> <p>If you are not happy with the way that your claim has been handled please contact us and we will provide you details of our Internal Dispute Resolution Procedures and / or details of external Dispute Resolution alternatives.</p> <p>Declaration: The information and answers given above are true and correct in every detail.</p> <p> I understand the claim may be refused or reduced if information is withheld or incorrect.</p> <p> I/We give authority to the Insurer of our motorcycle, to give or to obtain from any other insurance company, insurance reference bureau or similar organisation any information in relation to insurance matters or claims history.</p>			
DECLARATION / AUTHORITY			
<p>The information and answers given are true in every detail and no information has been withheld. I understand that the claim may be refused if information is withheld or false, misleading, untrue or concealed. I authorise Guardian Underwriting Services Pty Ltd to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the insured's credit or insurance history as well as insurance claims information during the course of this contract. I further authorise Guardian Underwriting Services Pty Ltd to obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the insured's credit, insurance or claims history that predates this contract.</p>			
SIGNATURE OF INSURED:		DATED	

WHAT TO DO

- 1 Please complete all sections of this form (state N/A if not applicable). Ensure that the insured has signed this form.
- 2 Send this form to Guardian Underwriting Services Pty Ltd
 - 137 Moray Street South Melbourne Vic 3205, or
 - Fax 03 8699 8810 or
 - insure@guardianunderwriting.com.au
- 3 Obtain two quotations for repairs and email, fax or mail it to us.
- 4 You must tell us about and send us a copy of any notice, letter, claim, writ or summons as soon as possible after you receive it

DISPUTES

Guardian has developed an internal procedure for dispute resolution so that if at any time our products or services have not met your expectations You or an Insured Person can contact Us.

Our Complaints and Disputes Resolution procedures will refer the complaint to senior management for review and a response within 15 working days.

If this does not resolve the issue or You or an Insured Person are not satisfied with the way a complaint has been dealt with, we will provide You with access to the Lloyd's General Representative in Australia who can review Your complaint.

If You or an Insured Person are still dissatisfied, the complaint may be referred, at no cost to you, to the Insurance Ombudsman Service operated by Insurance Ombudsman Service Limited under the terms of the General Insurance Code of Practice.

PRIVACY

Guardian Underwriting Services Pty Ltd has always protected the privacy of personal information of our valued clients. The standards by which we handle this personal information have now been set by the Privacy Act and the National Privacy Principles (NPP), which came into effect on 21st December 2001.

All Staff, Broker Representatives, Agents and Contractors have agreed to hold all information in confidence and not use it for any purpose except to carry out the service they are providing. We do not sell or share names, addresses or any other information with third parties, except to the extent necessary to complete our obligations as an Underwriting Agency or as stated in this document.

How & why do we require your Personal Information

We collect information either directly from the relevant individuals or in some cases, from third parties. They may provide information for someone else requiring the benefit of the services that we offer, such as a nominated driver, director or officer or other staff member.

The information is collected to allow us to provide our insurance services including to arrange and place insurance cover, assess and underwrite risks, and to properly administer your claims.

What we expect of you

When you provide us with information about other individuals, we rely on you to have made, or make them, aware that you will or may provide their information to us, the types of third parties we may provide it to, the relevant purposes we and the third parties will use it for and how they can access it. If it is sensitive information, we rely on you to have obtained consent to the above. If you have not done these things, we expect you to tell us before you provide the relevant information. If you collect, use, disclose, or handle personal information on our behalf, or receive it from us, you & your representatives must meet the relevant requirements of the NPP set out in the Privacy Act 1988 and only use and disclose it for the purposes we agree to.

Transfer of information overseas

We may transfer your personal information overseas where it is necessary to provide our service. Some insurers or reinsurer's are based overseas and we need to provide your personal information to them to arrange your cover.

Opting out

We regularly distribute to our clients information about our products & services, such as newsletters, which we believe may be of interest to you. If you do not wish to receive this additional information, please contact our office.