LIABILITY

CLAIM FORM

* Please read this Claim Form prior to answering the questions. ALL questions must be answered as fully as possible.
* Please enclose all original details of demands or repair estimates and any other documents that are relevant to this incident.
* If there is insufficient room on this form to provide all the information please attach additional documents with any further information you feel may assist in processing your claim.
* If you have any questions in relation to completing this Claim Form, please contact your insurance broker.
* Please send the competed Claim Form, as soon as possible to your insurance broker.
* Appointment of legal representation should not occur without the written prior consent of Proteus Marine Insurance.
* You are reminded that in no circumstances should you admit any liability or make any offer of settlement or enter into any correspondence without prior consent from Us.
1. ***Insured Details***

Insured name Policy number

Address

Contact name Contact number

Contact email

1. ***GST Declaration***

Are you registered for GST Yes No If ‘Yes’, please provide ABN

Have you claimed an input tax credit on the GST amount applicable to this policy? Yes No

If ‘Yes’, is the amount claimed less than 100%? Yes No

If ‘Yes’, please note the percentage of GST claimed that is applicable to this premium %

1. ***Incident Details***

Where did the incident occur?

Date of incident Time am/pm

State clearly how the incident occurred

Details of the loss incurred

Have you received a letter of demand or has a claim been made against you for the incident? Yes No

If ‘Yes’, please provide details (including details of who is making the demand upon you and attach all documentation that you have received if the demand or claim has been made in writing)

Was the accident reported to the Police or WorkCover? Yes No

If ‘Yes’, please give details of who attended

Police station Event number

1. ***Witness*** – Please advise details of any witnesses to the accident *(if there are additional witnesses, please provide the below details separately)*

Name

Age Phone

Address

1. ***If Damage Caused to Third Party Property***

Owners name Phone

Address

Nature of damage

Insurer of the third party’s property

1. ***Persons Injured***

Name Phone

Nature of injury

Name Phone

Nature of injury

Do you know of any other insurance policy which covers the damage of items/injuries referred to above Yes No

If ‘Yes’, please provide details

1. ***Declaration***

I/We solemnly and sincerely declare:

a. That the information supplied on this Claim Form and Statement of Claim is true in every respect.

b. I/We understand that the claim may be refused if information is withheld, false, misleading or concealed.

c. That there was no other insurance covering this loss current at the date of this incident.

d. I/We acknowledge that this Claim Form is a Legal Document and as such may be used in any legal proceedings resulting from this claim.

Insured

Signature

Date

**Privacy**

Proteus has a privacy policy which sets out personal information they collect and how they collect, disclosure, store and use personal information as well as how to access it, correct it or make a complaint. We use personal information to issue, administer and manage products and provide services. You can view our Privacy Policy at the following website or by requesting it from our authorised representatives or service providers.

[www.proteusinsuance.com.au](http://www.proteusinsuance.com.au) or contact the Privacy Officer for Proteus on 1300 767 231