

General Liability Claim Form

For further information relating to your General & Products Liability policy, including policy wordings, please contact HMD Insurance.

IMPORTANT INFORMATION

You are reminded that in no circumstances should you admit any liability, make any offer, or enter into any correspondence regarding any incident which may result in a claim under your policy.

HOW TO LODGE A LIABILITY CLAIM

- STEP 1** Notify HMD Insurance immediately of your intention to lodge a liability claim by email to claims@hmdi.com.au, or through your HMD account manager.
- STEP 2** Request a claim form from HMD Insurance or your account manager at any time.
- STEP 3** Complete all sections of the claim form. Your claim form may be returned if important information is missing. For assistance, contact HMD Insurance.
- STEP 4** Send your claim form, completed in full, to HMD Insurance as soon as possible.
- STEP 5** HMD will confirm receipt of your claim form or contact you should more information be required. Please contact HMD directly if you have not received confirmation of your claim within 7 days.

PLEASE SEND YOUR COMPLETED CLAIM FORM AND ATTACHMENTS TO:

HMD Insurance

Email: claims@hmdi.com.au

INSURED'S DETAILS

Name of Insured:			
Postal Address:		Postcode:	
Contact Name:			
Telephone No.:		Mobile No.:	
E-mail Address:			

If more than one named insured is claiming for this loss, please answer the following questions for each insured on a separate page.

Are you registered for GST purposes?

YES ☐

NO ☐

If YES, what is your Australian Business Number (ABN):

Have you claimed, or are you entitled to claim, an Input Tax Credit (ITC) on your Business Activity Statement in respect of the GST paid on the insurance policy under which this claim is being made?

YES ☐

NO ☐

If YES, what percentage of the GST did you claim or are you entitled to claim:

 %

(If the GST paid and your ITC entitlement are the same amount, the answer to this question is 100%.)

NB: Insurers cannot settle your claim without the above information and, if you fail to advise the availability of an ITC or understate its availability, you may have a liability to pay tax on the claim payment. If you have any queries, please see your tax adviser.

INCIDENT DETAILS

Date of Event: Time of Incident: AM ☐ PM ☐

Date reported to you:

Exact place of Incident:

Description of the Incident:

Name(s) and address(es) of any person(s) injured:

Name:

Address:

Name:

Address:

Full details of any injuries:

Name(s) and address(es) of owner(s) of any damaged property:

Name:

Address:

Name:

Address:

Note: any piece(s) of damaged property or other evidence of the cause should be preserved.

Name(s) and address(es) of witness(es), if any:

Name:

Address:

Name:

Address:

Was the incident due to: ☐ Any individual ☐ Property ☐ Plant or equipment ☐ Motor vehicle

THIRD PARTY DETAILS

Name of Third Party:

Permanent Address of Third Party:

Nature and extent of injuries / damage:

Have you received notice of any claim from a Third Party?

YES ☐

NO ☐

If yes, please enclose a copy with this form.

Have you made any admission of liability?

YES ☐

NO ☐

If yes, please provide details:

DECLARATION

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

Name of the Insured or person with authority to sign
for or on behalf of the Insured:

Position held with the Insured:

Signature of Insured or authorised person:

Date:

IMPORTANT INFORMATION

Do not disclose that you are insured, but merely state that enquiries will be made. Do not reply to any communication received from a Third Party; forward it to HMD Insurance. The issue and/or acceptance of this form, duly completed, must not be taken as an admission of liability.

1. Do not admit liability.
2. Make sure that you give us ALL details about your claim.
3. Please send any documentation you have which may assist in our investigations.
4. Send us all original quotations and/or original invoices received to repair or replace the damaged property.
5. If possible, keep damaged items available, as your insurer may wish to inspect them.

DUTY OF DISCLOSURE

Before you enter into an insurance contract, you have a duty of disclosure under the Insurance Contracts Act 1984 (Cth) to tell us anything that you know, or could reasonably be expected to know, that may affect the insurer's decision to insure you and on what terms. You have this duty until the contract of insurance is entered into. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

If we ask you questions that are relevant to the insurer's decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions. Also, we may give you a copy of anything you have previously told us and ask you to tell us if it has changed. If we do this, you must tell us about any change or tell us that there is no change. If you do not tell us about a change to something you have previously told us, you will be taken to have told us that there is no change.

You do not need to tell us anything that: reduces the risk insured; or is common knowledge; or the insurer knows or should know as an insurer; or the insurer waives your duty to tell them about.

If you do not tell us anything you are required to, the insurer may cancel your contract or reduce the amount it will pay you if you make a claim, or both. If your failure to tell us is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

If you are in any doubt as to the extent of the duty of disclosure or whether a piece of information ought to be disclosed, please contact HMD Insurance.

PRIVACY & COLLECTION STATEMENT

HMD Insurance collects personal information by means of this document principally for the purpose of assessing and handling your claim, approaching insurers and service providers, and advising you on your insurance needs. The information collected may be disclosed to third parties including insurers, reinsurers, insurance intermediaries, loss adjusters, legal and other service providers as required to manage your claim.

If you provide us with personal information about other individuals, you must ensure that those persons have been made aware of the matters in this statement. Where the information collected relates to health or other sensitive information as defined in the Privacy Act 1988 (Cth), you must obtain it with the individual's consent.

Your personal information is collected, held, used and disclosed in accordance with Insurance Advisernet's Privacy Policy, available at <https://insuranceadviser.net/privacy-policy>. By completing this form you confirm that you have read the Insurance Advisernet Privacy Policy and consent to the collection, holding, use and disclosure of the personal information provided in accordance with that policy. You may modify or withdraw your consent at any time; if you do not give consent, or later withdraw it, we may not be able to provide the services you require.

If you have any questions about privacy, or wish to access or correct the personal information we hold about you, please contact HMD Insurance at claims@hmdi.com.au.

The advice in this form is general advice only. To help you decide if the cover suits you, please read the relevant Product Disclosure Statement. We can provide you with further information on request. This insurance is arranged by HMD Insurance, a Corporate Authorised Representative of Insurance Advisernet Australia Pty Ltd (AFSL 240549).

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