29 July 2019

Dear      ,

Insurer:

Policy Number:

Our Claim Number:

Excess Applicable:

Thank you for notifying us of your claim.  Please find attached the relevant claim form for your completion.

**Important Notice**

• Please read this Claim Form prior to answering the questions.

• ALL questions must be answered as fully as possible. Please use additional sheets

if necessary and copies of relevant documentation should be attached.

• If you have any questions in relation to completion of the Claim Form, please contact

your insurance advisor or broker.

• Please send the completed Claim Form, as soon as possible, to your insurance advisor

or broker.

• Appointment of legal representation should not occur without the prior consent

of the insurer

• 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 your insurer.

Please feel free to contact us should you require any assistance

**FOR YOUR RECORD – RETAIN THIS PAGE.**

|  |  |
| --- | --- |
| **POLICY HOLDER** |  |
| Name of Insured |       |
|       |
|       |
| Address |       |
|       | State |       | Postcode |       |
| Contact Number(s) |       |
| Email Address |       |

|  |
| --- |
| **REPORT OF INJURY AND/OR DAMAGE** |
| Particulars of occurrence likely to or has resulted in personal injury or property damageor loss claim: |
| Date and time of occurrence: |                                                                   |
| Exact place of occurrence: |                                                                   |
| What happened and how did it occur: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Was the accident due to: | Any Individuals [ ]  | Property[ ]  | Plant/ Equipment[ ]  | Motor Vehicle[ ]  |
| Please give details: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             ...... |
| Witness Name | Address | Relationship |
|            |                                |                           |
|                      |                                |                           |
|                      |                                |                           |
|                      |                                |                           |
| Name and address of the police station where the incident was reported to, if any: |                                                                                                                                                                                                                                                                                |
| Date and time of report: |                                                                   |
| Police Report Number, if any |                                                                   |
| Name and address of person injured or owners of property damaged. |                                                                                                                                                                                                          |
| State nature of personal injury or property damaged or loss sustained. |                                                                                                                                                                                                          |
| With regard to damaged property or loss, has any estimate of cost become available? If so, please give details  |                                                                                                                                                                                                                                                                                                                                                                                                                       |
|  |  |

|  |  |
| --- | --- |
| **CLAIM** |  |
| Has a report of personal injury, property damage or loss been made to you by a third partyClaimant? If so, by whom and when? |                                                                                                                                                                                                                                                                                                                                                                                              |
| Has any demand for injury, property damage or loss been made against you? If so please givedetails and attach any correspondence/ documentation |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

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| --- |
| **SIGNATURE** |
| I/We (print name in full) |                                                    |
| Position: |                                                    |
| I/We (print name in full) |                                                    |
| Position: |                                                    |
| **hereby declare that the foregoing particulars are true and correct to the best of my/our knowledge and belief:** |
| Signature |                                                    |
| Date: |                 |
| Signature |                                                    |
| Date: |                 |

**PRIVACY**

We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insurance needs. We only provide your information to the insurance companies with whom you choose to deal (and their representatives). We do not trade, rent or sell your information. You can check the information we hold about you at any time. For more information about our Privacy Policy, ask us for a copy.

Alternatively contact:

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Phone: 07 5579 1660

Email: uw@asteruw.com