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Liability Claim Form

Please answer all questions. This will help us process your claim quickly.
If you need more space to answer any of the questions, please use a separate sheet of paper.
Any attachments will form part of this claim report and the declaration will include them.

1. Policy number

Expiry date

You can find the information for question 1 on your policy or renewal schedule.

2. Insured name

3. Contact person

4. Are you registered for GST purposes?

No Yes ▶

What is your ABN?

: : : : : : : : : :

Have you claimed or do you intend to claim an input tax credit on the GST applicable to this policy?

No Yes ▶

Is the amount claimed or intend to claim less than 100% of the GST applicable to the premium?

No Yes ▶

Specify the percentage amount claimed or intend to claim

%

5. Address

Postcode

6. Private telephone no.

Business telephone no.

Facsimile no.

Accident details

7. When did the accident happen?

Date

Time

8. Address where the accident happened

Postcode

a) Do you own the land or buildings where the accident happened?

Yes No ▶ State name and address of the owner

Name

Address

Postcode

b) Do you occupy the land or buildings where the accident happened?

Yes No ▶ State name and address of the owner

Name

Address

Postcode

9. a) Describe what happened

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b) Who caused the injury or damage?

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c) What is their relationship to you?

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d) Do you consider you are liable?

No Yes ▶ Why?

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10. a) Was the accident caused by a defect or hazard on the property where the accident happened?

No Yes ▶ How long had you been aware of it?

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b) Had anyone notified you of the defect or hazard before the accident?

No Yes ▶ When were you notified? Who notified you?

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▶ What details were given?

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▶ What steps had been taken before the accident to rectify the defect or hazard?

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11. Did the accident involve:

a) Plant or equipment?

No Yes ▶ Describe it

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▶ Do you own it?

Yes No ▶ Who is the owner?

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b) A motor vehicle?

No Yes ▶ Type of vehicle Reg. or identification number

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▶ Driver's name

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▶ Driver's address

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|--|----------|
| | Postcode |
|--|----------|

▶ Owner's name (if not the insured)

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Owner's address

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|--|----------|
| | Postcode |
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Private telephone no.

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Business telephone no.

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c) Animals?

No Yes ▶

Type of animal(s)

Do you own the animal(s)?

No

Yes

▶ If someone else is also responsible for the animal(s), please provide name and address

Name

Address

Postcode

▶ Is the animal, or group of animals, normally confined behind fences?

No

Yes

▶ Have there been similar incidents involving the animal(s)?

No

Yes

12. Who reported the accident to you?

Name

Address

Postcode

When was it reported?

 / /

am/pm

13. List any witnesses

Witness no.1

Full name

Telephone no.

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Address

Postcode

Witness no.2

Full name

Telephone no.

 ()

Address

Postcode

14. Did the police attend the accident?

No Yes ▶

Officer's name

Name of station

15. Have you received a claim from the injured person, or the owner of the damaged property?

No Yes ▶

Attach any correspondence relating to this claim

16. What is your relationship to the injured person, or the owner of the damaged property?

17. Is there any other insurance, which might apply to this claim?

No Yes ▶

Provide details and attach a copy of the contract(s)

Injury details

18. a) Name and address of injured person

Name

Address

Postcode

b) Occupation Employer

c) Age Male Female Private telephone no. Business telephone no.

19. What were the injuries?

20. Was medical assistance necessary?
No Yes ▶ Doctor Ambulance Hospital
Name of Doctor/Hospital

Property damage details

21. Name and address of the owner of the damaged property
Name
Address Postcode

22. Describe the property and the damage

23. Estimated cost of repair or replacement
\$

Declaration

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

Signature of the insured or person with authority to sign for and on behalf of a company or partnership

Date / /

Please indicate the number of additional pages attached to this claim report

When complete, please forward fax this claim report to 1300 668 166 or mail to Strata Unit Underwriters, 5/263 Alfred Street North Sydney NSW 2060