

LIABILITY CLAIM FORM

This Liability Claim Form must be completed by the Policyholder NOT the injured party.
Complete this form when an accident causes damage to property or injury to a member of the public.

If there is insufficient room on this form for your answers, please attach a separate piece of paper indicating the Section and Question you are providing additional information for.

YOUR PRIVACY

The Privacy Act 1988 requires Barker Meier Insurance Brokers Pty Ltd ("Barker Meier") to make the following disclosure before collecting personal information about you after 21 December 2001:

- Barker Meier collects personal information in order to provide it's various services which include insurance broking, claims management, risk management consultancy, underwriting management, and reinsurance.
- If the personal information Barker Meier requests from you is not provided, Barker Meier or any involved third party may not be able to provide the appropriate services.
- Barker Meier discloses personal information to third parties who are involved in the provision of our services. For example, in arranging and managing your insurance needs Barker Meier may provide information(including sensitive information such as health information) to insurers, reinsurers, other insurance intermediaries, it's advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process. By signing this form and continuing to deal with us, you confirm on your behalf and/or on behalf of those you represent consent to Barker Meier and these parties collecting, using and disclosing personal and sensitive information about you.
- Barker Meier has a duty to maintain the confidentiality of it's client's affairs which includes their personal information. Our duty of confidentiality applies except where disclosure of your personal information is with your consent or required by law.
- Barker Meier may make use of your personal information to provide you with information about it's products and services.

Further details on the Barker Meier Privacy Policy are on our website: www.barkermeier.com.au

Contact Us

Simply contact the Barker Meier Privacy Officer if you would like to:

- Access the personal information Barker Meier hold about you
- Update or correct the information Barker Meier holds about you
- Discuss your privacy concerns
- Be removed from the mailing list to receive information about Barker Meier's products and services

Privacy Officer

E-mail: admin@barkermeier.com.au
Telephone: 1800 066 900
Fax: 08 8223 2700

Claim Number:

1. Details of Policy Holder

<p>Name of Policy Holder:</p> <p>.....</p> <p>Address of Policy Holder:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>..... Postcode</p>	<p>Occupation or Trade:</p> <p>.....</p> <p>.....</p> <p>Telephone Numbers:</p> <p>Business Hour (.....)</p> <p>After Hour (.....)</p>	
Insurer:	Policy No:	Expiry Date:
..... / / 20.....

2. Details of Accident / Injury

Date of accident: / / 20.....	Time of accident:
Was there any personal injury? <i>If yes, please state:</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>(i) name(s) and address(es) of injured persons:</i>	1. Name:	
	Address:	
<i>(ii) nature and extent of injuries:</i>	1.	
	2.	

<i>(iii) name of doctor and/or hospital (if applicable)</i>	1. 2.
Was any third party property damaged? <i>If yes, please state:</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>(i) name(s) and address(es) of owner(s):</i>	1. Name: Address: Postcode 2. Name: Address: Postcode
<i>(ii) nature and extent of damage:</i>	1. 2.
Is the third party:	(i) an employee of the policyholder? <input type="checkbox"/> YES <input type="checkbox"/> NO (ii) an employee of a sub-contractor? <input type="checkbox"/> YES <input type="checkbox"/> NO (iii) a member of the policyholder's family? <input type="checkbox"/> YES <input type="checkbox"/> NO (iv) ordinarily resident in the policyholder's home? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has the claim been intimated:	(i) verbally? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, to whom)</i> (ii) in writing? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, please attach correspondence)</i>
Name of your employee in charge at the time of the accident

3. ABN Details

Are you a registered business? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your ABN? ABN No:
What percentage of GST in your premium did you claim as an Input Tax Credit for the period of insurance in which this loss occurred?%

4. Declaration

<p>I declare that the above statements are true, that I have not suppressed or mis-stated any facts. I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify Barker Meier Insurance Brokers Pty Ltd in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed "Your Privacy".</p>	
Full name of claimant(s) <i>(please use block letters)</i>
Signature(s)	Date: / / 20..... Date: / / 20..... Date: / / 20.....