

- Please complete, in full, all sections of this claim form.
- Please return this form to ProRisk as soon as possible after the incident.
- Include photographs where possible.

YOUR PRIVACY

- We need personal information about you to access your claim. We will, where relevant, disclose your personal information (other than sensitive information such as health information) to your adviser (and any licensee or broker he or she represents), to our service providers (including loss adjusters and investigators), other insurers, insurance reference bureaus and our business partners for this purpose.
- Where relevant, to assess your claim we will also disclose personal information, including sensitive information about you such as health information, to medical practitioners, other health professionals, other insurers and reinsurers, legal representatives, and other consultants. By signing this claim form, you consent to those organisations and other professionals collecting, and us disclosing sensitive information about you for this purpose.
- If you do not provide the requested information or consent to its collection and disclosure as described above, the assessment of your claim may be delayed or we may not accept the claim.
- We may also disclose personal information about you where we are required or permitted to do so by law.
- In most cases, on request, we will give you access to personal information we hold about you.

IMPORTANT NOTICE:

No admission of liability, either implied or expressed, should be made. Any claim made upon you should simply be acknowledged with advice that the matter has been referred to your insurer for determination.

The completion of this form and its receipt by ProRisk is not an indication that ProRisk accept any liability to you or to any person claiming from you.

Insured's details

Name of the Insured (other than trading name):

Address:

Trading name of business:

Type of business: Contact name:

Phone: Mobile:

Fax: Email:

Are you registered for GST Purposes: No Yes – If **Yes**, what is your ABN:

What was your 'Entitlement to an Input Tax Credit (EITC%) on your premium payment for this policy? %

Claim details

1. Date of incident: Time: AM PM

2. Date you first became aware of the incident:

3. Please describe fully how the loss/damage occurred:

4. Address where incident occurred:
Street address:
Suburb/town: State: Postcode:

5. Are you the owner or occupier of the above address? Owner Occupier
If you lease the premises provide a signed copy of the Lease.

6. Has a claim been made on you, or have you received a formal demand or claim from another person?..... Yes No

If **Yes**, provide details below.

Please attach all correspondence, including demands, contracts, quotes and invoices..... Attached

7. Please provide details of the property damaged.

8. Are you aware of any defect to your plant, equipment or any other property which gave rise to this claim? Yes No

If **Yes**, provide details below.

9. Have you admitted responsibility/liability for the incident? Yes No

10. Does the claim involve a product that you manufactured or supplied to another person? Yes No

If **Yes**, provide details below.

11. Were emergency services such as ambulance, police or fire brigade contacted?..... Yes No
 If **Yes**, provide details below.

12. Did the property damage arise out of the use of a motor vehicle? Yes No
 13. Was the motor vehicle registered or required to be registered? Yes No
 14. If unregistered, was the vehicle insured under a motor vehicle or other insurance policy?..... Yes No
 15. Have there been prior incidents in similar circumstances? Yes No
 If **Yes**, provide details below.

Claimant(s) & witness(es)

16. Please list details of the party or parties making a claim against you.

Name	
Address	
Telephone	
Mobile	
Solicitor's name	
Solicitor's email	

17. Please list details of the witness(es).

Name	
Address	
Telephone	
Mobile	
Solicitor's name	
Solicitor's email	

Declaration

I declare that:

- I am authorised on behalf of the Insured(s) to make this Declaration.
- The information in this Form is true and correct and I have not withheld any relevant information.
- I also understand that any false or fraudulent statement or concealment of material facts may cause a benefit not to be paid or to be repaid if a benefit has been paid incorrectly under this policy.
- I have read and understood the ProRisk Privacy Statement and I consent to ProRisk using the personal information in this Form for the purposes of investigating and handling any Claim or potential Claim against the Insured. I consent to ProRisk disclosing the personal information to third parties involved in the claims process, such as the Insurers, lawyers, claims adjusters and others appointed by ProRisk or by the Insurers.
- Where I have provided information about another individual, I declare that the individual has been made aware of that fact and of the ProRisk Privacy Statement.

Name:

Position:

Signature:

Date:

PLEASE CHECK THAT THIS FORM HAS BEEN FULLY COMPLETED.

Please send your completed claim form by email to newclaims@prorisk.com.au
or mail to **115 Bridge Road, Richmond VIC 3121**