

CLAIM PROCEDURE

This claim form must be completed if you have been involved in an accident or incident that may give rise to demands being made against you or your company.

It may be necessary for you to make arrangements to prevent further accidents or incidents from occurring, however at no time should you admit liability.

You must complete all Sections of this claim form and attach all relevant documentation. Please answer all parts of the claim form that relate to the accident or incident. If there is insufficient space provided for any information requested or to be supplied, please supply full details on a separate sheet and attach this to the claim form.

PRIVACY

We value your privacy. Our Privacy Policy sets out how we collect, disclose and handle personal information under the Privacy Act and the Australian Privacy Principles. By providing us such information you consent to these practices unless you tell us otherwise. Our Privacy Policy is available at www.insuranceadviser.net or by contact us.

IMPORTANT INFORMATION RELATING TO YOUR CLAIM

- The issue of this form does not constitute an admission of liability on the part of the insurer
- If anyone holds you responsible for the incident/accident insist that they submit their claim in writing
- Any communication received by YOU must be forwarded to us immediately. Please ensure you enclose any communication you have already received with your claim form
- **DO NOT** ADMIT LIABILITY AT ANY TIME

If you have any queries on any of the information required on this form, please do not hesitate to contact PACE Insurance Pty Ltd.

PLEASE COMPLETE ALL SECTIONS, SIGN AND EMAIL TO CLAIMS@PACEINSURANCE.COM.AU

POLICY DETAILS

Policy Number:

Expiry Date: / / Sum Insured: \$

INSURED DETAILS

Name of Insured:

Address: Postcode:

Telephone (BH): Telephone (AH):

Mobile: Email:

CLAIM FORM LIABILITY

DETAILS OF ACCIDENT/INCIDENT

Where did the accident/incident happen?

Date of Accident/Incident: / / Time:

State clearly how the accident/incident occurred. Please attach separately if insufficient space

Was th accident/incident reported to the Police. Workcover or any other authority?

If YES, please provide details of who attended.

Reported to:

Telephone:

Mobile:

Email:

How was the accident/incident reported?

Telephone Letter

Reported to:

Telephone:

Did the Police attend?

If YES,

Name of Officer:

Police Station:

WITNESS(ES)

Name #1:	<input type="text"/>	Age:	<input type="text"/>
Address:	<input type="text"/>	Postcode:	<input type="text"/>
Relationship:	<input type="text" value="ie. Employee, family member etc."/>		
Name #2:	<input type="text"/>	Age:	<input type="text"/>
Address:	<input type="text"/>	Postcode:	<input type="text"/>
Relationship:	<input type="text" value="ie. Employee, family member etc."/>		
Name #3:	<input type="text"/>	Age:	<input type="text"/>
Address:	<input type="text"/>	Postcode:	<input type="text"/>
Relationship:	<input type="text" value="ie. Employee, family member etc."/>		

IF DAMAGE CAUSED TO PROPERTY

Name of Owner:	<input type="text"/>
Address:	<input type="text"/>
Postcode:	<input type="text"/>

Description o Property Damage?

Nature of Damage:	<input type="text"/>	Estimated Cost of Damage:	<input type="text" value="\$"/>
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IF INJURY CAUSED TO PERSON(S)

Name of Person:	<input type="text"/>	Age:	<input type="text"/>
Address:	<input type="text"/>	Contact Number:	<input type="text"/>
Nature of Injury:	<input type="text"/>		
Name of Person:	<input type="text"/>	Age:	<input type="text"/>
Address:	<input type="text"/>	Contact Number:	<input type="text"/>
Nature of Injury:	<input type="text"/>		
Name of Person:	<input type="text"/>	Age:	<input type="text"/>
Address:	<input type="text"/>	Contact Number:	<input type="text"/>
Nature of Injury:	<input type="text"/>		

Do you know of any other insurance policy which covers the damage of items/injuries under this claim?

☐ YES ☐ NO

If YES, please explain

DECLARATION

I/We solemnly and sincerely declare:

1. That the information supplied on this claim form and statement of claim is true in every respect
2. I/We understand that the claim may be refused if information is withheld, false, misleading or concealed
3. That there was not other insurance covering this loss current at the date of this incident
4. I/We acknowledge that this claim form is a legal document and as such may be used in any legal proceedings resulting from this claim

Signature of Insured(s)

Date:

 / /

Witness:

Date:

 / /