

Liability

Claim Form

For Jim's Group Franchisees

EMAIL

Please send all completed claims forms to: **jimsinsurance@howdengroup.com**

YOUR PRIVACY

We need personal information about you to assess 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.

- 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.
- Please return this form to Jim's as soon as possible after the incident (Include photographs where possible).

A INSURED DETAILS

1. Name of the Insured (other than trading name):

2. Address:

Street Address:

Suburb/Town: State: Postcode:

3. Trading Name of Business:

4. Type of Business:

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5. Contact Name:

6. Contact Details:

Phone: Phone: Email: 7. Are you registered for GST purposes? ☐ YES ☐ NO 8. ABN: 9. What was your 'Entitlement to an Input Tax Credit (EITC%) on your premium payment for this policy? **B****CLAIM OR CIRCUMSTANCE**

1. Incident Details:

Date of Incident: Time: Date you first became aware of the incident:

2. Please describe fully how the loss/damage occurred and what you were doing at the time of the incident:

3. Address where the incident happened:

Street Address: Suburb/Town: State: Postcode: 4. Has a claim been made on you? ☐ YES ☐ NO5. Have you received a formal demand or claim from another person? ☐ YES ☐ NO

If Yes, to 4 or 5, please attach all correspondence including demands, contracts, quotes and invoices:

6. Please provide details of damaged property and/or injuries suffered:



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7. If the loss or damage was to a vehicle, please provide details of the vehicle below:

Make: Model: Year of Manufacture: Registration Number:

8. Have you admitted responsibility/liability for the incident?

☐ YES ☐ NO

9. Do you think you caused the loss or damage claimed against you?

☐ YES ☐ NO*If Yes, outline why:*

10. Were emergency services such as ambulance, police or fire brigade contacted?

☐ YES ☐ NO*If Yes, please provide details:*

11. Have you had any other claims in the past 5 years?

☐ YES ☐ NO*If Yes, please provide details.*

12. Do you believe that another party or person is responsible for the loss or damage?

☐ YES ☐ NO*If Yes, please provide details. What is your relationship to this person?***C****DETAILS OF PARTY OR PARTIES MAKING CLAIM AGAINST YOU**

1. Name:

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2. Address:

Street Address: Suburb/Town: State: Postcode:

3. Contact Details:

Phone: Mobile: 4. Did you speak to the person making the claim against you at the time of the incident? ☐ YES ☐ NO*If Yes, please provide details of the conversation that took place at that time.***D****WITNESSES**

1. Name:

2. Address:

Street Address: Suburb/Town: State: Postcode:

3. Contact Details:

Phone: Mobile:

DECLARATION

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information. I understand that Insurers do not admit liability by the issue of this form.

Signature: Name: Position: Date: