INSURANCE SERVICES

— CLAIM FORM

General Liability Claim Form

M & M Insurance Services
(03) 9078 6473
info@mminsure.com.au
www.mminsure.com.au

Please ensure you complete this form with as much detail as possible.

01 Insured or Company Details

Insured name or company

Policy number (if known)

Point of contact

Phone number

Email

Are you registered for GST purposes? ☐ Yes ☐ No

Do you have an ABN? ☐ Yes ☐ No

ABN

02 Claim Details

Date of incident

Time

Who reported the incident?

Date you first became aware of the incident

Address of incident

Suburb

State

Please provide full details of how loss/damage occurred

Has the claim been reported to the police? ☐ Yes ☐ No

If yes, please provide police report number

Have you or any of your employees, contractors or subcontractors admitted liability in any way? ☐ Yes ☐ No

If yes, please provide details

03 Third Party Details

Name of person

Address Suburb State

Phone number Email

Third party insurance policy number (if known)

04 Property Damage Details

Name of the owner of the property damaged

Address

Suburb State

Describe the property damage and provide quotations and/or invoices (if a vehicle is involved please include year, make, model and registration)

Was the property in your custody? ☐ Yes ☐ No

If yes, for what purpose?

Have any repairs been carried out? ☐ Yes ☐ No If yes, provide details

Name of repairer

Address

Suburb State

Approximate cost of repairs Phone number

05 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/we agree that, by submitting this form, the personal information I/we provide to M & M Insurance Services Pty Ltd in this form or otherwise may be collected, held, used and disclosed in the manner set out in the PSC Privacy Policy found at http://www.pscconnect.com.au/privacy/ including for processing this claim.

Signature **Date**

Full name **Title / position**

Submit claim form

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