



GENERAL LIABILITY - CLAIM FORM

THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY

Please complete this form and ensure that you sign the Declaration at the end of this form and send to

Community Insurance
Civic Mutual Plus
Level 1 468 St Kilda Rd
MELBOURNE VIC 3004

Policy
No.

Excess

\$1,000

INSURED'S DETAILS

1. Name of Insured
2. Postal Address
 Postcode
3. Contact Name Telephone No.
Facsimile No. E-mail address:
4. If more than one named insured is claiming for this loss, please answer this question for each insured on a separate page
 - (a) Are you registered for GST purposes? (Tick box applicable) YES NO
 - (b) If YES, what is your Australian Business Number (ABN)?
 - (c) Have you claimed or are you entitled to claim an Input Tax Credit (ITC) on your monthly or quarterly Business Activity Statement to the Australian Taxation Office in respect to the GST paid on the insurance policy under which this claim is being made? Yes No
 - (d) If YES, what percentage of the GST did you claim or are you entitled to claim? %
(if the GST paid and your ITC entitlements are the same amount, the answer to this question is 100%)

NB: Insurers cannot settle your claim without the above information and, if you fail to advise the availability of an ITC or understate its availability, you may have a liability to pay tax on the claim payment. If you have any queries, please see your tax adviser

PARTICULARS OF ACCIDENT / INDICENT

5. Date of event at a.m. p.m.

Date reported to you

6. Where did event occur?

7. Describe what happened

8. Who reported the event to you?
Name

Address

9. Name(s) and Permanent Address(es) of witness(es), if any

10. What is your relationship with the Third Party?

THIRD PARTY DETAILS

11. Name of Third Party

12. Permanent Address

13. Nature and extent of injuries/damage

14. (a) Have you received any correspondence from Third Parties? Yes No

(b) If so, please enclose them with this form

15. (a) Have you made any admission of liability? Yes No

(b) Give details

Please note:

1. Make sure that you give us ALL details about your claim.
2. Please send any documentation you have which may assist in our investigations.
3. Send us all original quotations and/or original invoices which you have received to repair or replace the damaged property.
4. If possible, keep damaged items available as your insurer may wish to inspect them.
5. Do not admit liability.

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.

Signature of Insured or person with authority
to sign for or on behalf of the Insured

Date:
