



Insurance Brokers  
BUSINESS  
FLEET &  
PROFESSIONAL

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## Liability Claim Form

**Note:** *This form must be completed by the policyholder NOT the injured party.  
To be completed when accident causes damage to property or injury to a member of the public.*

### YOUR PRIVACY

The Privacy Act 1988 requires BRECKNOCK INSURANCE BROKERS PTY LTD to make the following disclosure before collecting personal information about you after 21 December 2001:

- ◆ BRECKNOCK INSURANCE BROKERS PTY LTD collects personal information in order to provide it's various services which include insurance broking, claims management, risk management consultancy, underwriting management, and reinsurance.
- ◆ If the personal information BRECKNOCK INSURANCE BROKERS PTY LTD requests from you is not provided, BRECKNOCK INSURANCE BROKERS PTY LTD or any involved third party may not be able to provide the appropriate services.
- ◆ BRECKNOCK INSURANCE BROKERS PTY LTD discloses personal information to third parties who are involved in the provision of our services. For example, in arranging and managing your insurance needs BRECKNOCK INSURANCE BROKERS PTY LTD may provide information(including sensitive information such as health information) to insurers, reinsurers, other insurance intermediaries, it's advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process. By signing this form and continuing to deal with us, you confirm on your behalf and/or on behalf of those you represent consent to BRECKNOCK INSURANCE BROKERS PTY LTD and these parties collecting, using and disclosing personal and sensitive information about you.
- ◆ BRECKNOCK INSURANCE BROKERS PTY LTD has a duty to maintain the confidentiality of it's client's affairs which includes their personal information. Our duty of confidentiality applies except where disclosure of your personal information is with your consent or required by law.
- ◆ BRECKNOCK INSURANCE BROKERS PTY LTD may make use of your personal information to provide you with information about it's products and services.

Further details on the BRECKNOCK INSURANCE BROKERS PTY LTD Privacy Policy are on our website: [www.brecknock.com.au](http://www.brecknock.com.au)

### Contact us

Simply contact the BRECKNOCK INSURANCE BROKERS PTY LTD Privacy Officer on the details below if you would like to:

- ◆ Access the personal information BRECKNOCK INSURANCE BROKERS PTY LTD hold about you
- ◆ Update or correct the information BRECKNOCK INSURANCE BROKERS PTY LTD holds about you
- ◆ Discuss your privacy concerns
- ◆ Be removed from the mailing list to receive information about BRECKNOCK INSURANCE BROKERS PTY LTD' other products and services

Privacy Officer  
BRECKNOCK INSURANCE BROKERS PTY LTD  
1<sup>st</sup> Floor 50 Hindmarsh Square ADELAIDE SA 5000  
PO Box 6095 Halifax Street ADELAIDE SA 5000

E-mail [breckins@brecknock.com.au](mailto:breckins@brecknock.com.au)  
Telephone: 08 8413 6300  
Fax: 08 8211 9838

Claim No:

**1. Details Of Policyholder**

<b>Name &amp; Address of Policyholder</b> ..... ..... ..... .....		<b>Occupation or Trade</b> ..... <b>Telephone Nos: B/H</b> (.....) ..... <b>A/H</b> (.....) .....	
<b>Insurer:</b>	<b>Policy No:</b>	<b>Expiry Date:</b>	/ /

**2. Details Of Accident / Injury**

<b>Date of accident</b>	/ /20	<b>Time of accident</b>	am/pm
<b>Was there any personal injury?</b> <i>If yes, please state:</i> <i>(i) name(s) and address(es) of injured persons:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> 1. .... ..... .....Postcode..... 2. .... ..... .....Postcode..... 3. .... ..... .....Postcode.....		
<i>(ii) nature and extent of injuries:</i>	1. .... 2. .... 3. ....		
<i>(iii) name of doctor and/or hospital (if applicable)</i>	..... ..... .....		
<b>Was any third party property damaged?</b> <i>If yes, please state</i> <i>(i) name(s) and address(es) of owner(s):</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> 1. .... ..... .....Postcode..... 2. .... ..... .....Postcode.....		
<i>(ii) nature and extent of damage:</i>	1. .... 2. ....		
<b>Is the third party:</b> (i) an employee of the policyholder? (ii) an employee of a sub-contractor? (iii) a member of the policyholder's family? (iv) ordinarily resident in the policyholder's home?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Has the claim been intimated:</b> (i) verbally?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes, to whom?)</i> .....		
(ii) in writing?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes, please attach correspondence)</i>		
<b>Name of your employee in charge at the time of the accident</b>	.....		

