

# Insurance Claim Form

## IMPORTANT NOTICE TO THE INSURED

- Please read this Claim Form prior to answering the questions.
- ALL questions should be answered as fully as possible. Please use additional sheets if necessary.
- If you have any questions in relation to this Claim Form, please contact your broker.
- Please send the completed Claim Form to your broker as soon as possible.
- Appointment of legal representation should not occur without the prior written consent of Newline Australia Insurance Pty Ltd ('Newline').

### 1. POLICY HOLDER

a.	Name of Insured	
b.	Address	
c.	Email	
d.	Telephone number	
e.	Policy number	
f.	Type of insurance	

### 2. BROKER

a.	Name of broker	
b.	Email	
c.	Telephone number	

### 3. DETAILS OF CLAIMANT

a.	Full name of the claimant or potential claimant (ie. the party making the claim or potential claim against you)	
b.	Address	

**4. REPORT OF INJURY AND/OR DAMAGE (IF APPLICABLE)**

a.	Particulars of the occurrence likely to result, or has resulted, in personal injury, property damage or loss claim	
b.	Date and time of the occurrence	
c.	Exact place of the occurrence	
d.	What happened and how did it occur?	
e.	Nature of the personal injury, property damage or loss sustained	
f.	With regard to property damage or loss, has an estimate of cost or quantum become available? If so, please provide details, together with any supporting documentation	

**5. DETAILS OF CLAIM**

a.	Has a report of personal injury, property damage or loss been made to you by a third party claimant?	
b.	Has a claim in connection with personal injury, property damage or loss been made against you?	
c.	What is the precise nature of the claim (ie. the claimant's allegations) or the circumstance that might give rise to a claim? Please provide details and attach copies of any relevant correspondence or documentation	

**5. DETAILS OF CLAIM (continued)**

d.	Have legal proceedings been commenced? If so, please attach a copy of the court documents	
e.	On what date did you first become aware of the claim or the circumstance?	
f.	On what date was the claim or the intimation of a claim first made against you?	

**6. OTHER INFORMATION**

a.	Are there additional details you wish to provide or comments which you wish to make, so that Newline will have a better understanding of this matter? If so, please provide details along with supporting documentation	
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**DECLARATION**

I/We of the Insured and on behalf of the Insured declare the above answers to be true and correct.

<b>Signature</b>	
<b>Full Name</b>	
<b>Position</b>	
<b>Date</b>	

**PLEASE FORWARD ALL CLAIMS AND OTHER RELEVANT CORRESPONDENCE TO: [claims@newlinegroup.com.au](mailto:claims@newlinegroup.com.au)**

**Privacy**

Your privacy is very important to us and we are committed to handling your personal information in a responsible way in accordance with the Privacy Act 1988 (Cth). Newline's Privacy Policy sets out how we collect, store, use and disclose your personal information. We recommend that you read this Privacy Policy carefully. When you give Newline personal or sensitive information about other individuals, Newline relies on you to provide its Privacy Policy to them, if you have not done this, you must tell Newline before you provide the relevant information. For Newline's Privacy Policy please refer to <http://newlinegroup.com.au/privacy-policy.htm>.