

Claim Form - Liability

Name of insured/policy holder	<input type="text"/>	Policy Number	<input type="text"/>
Name of Broker	<input type="text"/>		
Contact Person	<input type="text"/>		
Contact Telephone Number	<input type="text"/>		
Contact Email Address	<input type="text"/>		
ABN	<input type="text"/>		
What percentage of the GST has been claimed on the premium?	<input type="text"/>	%	

Claimant's Name	<input type="text"/>		
Claimant's Address Claimant's	<input type="text"/>		
Telephone Number	<input type="text"/>	Claimant's Date of Birth (where applicable)	<input type="text"/>

When did the loss/accident occur?	<input type="text"/>
Where did the loss/accident occur?	<input type="text"/>
When was the loss/accident first reported to you?	<input type="text"/>
Please provide us with a brief description of the loss or accident.	
<input type="text"/>	
Please provide a brief description of injuries (where applicable).	
<input type="text"/>	

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Please provide a brief description of property damaged, including approximate value (where applicable).

Please provide details of any witnesses.

Have any claims been made? If yes, please provide details.

GST (Only applies if your policy was purchased for business purposes)

1. Have you claimed or do you intend to claim an Input Tax Credit (ITC) in respect of the GST paid on the insurance premium for this policy? Yes No

2. If YES, what percentage of the GST did you claim, or are you intending to claim? Insured ITC

%

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Privacy Notice

Brees and its insurers, referred to as “us”, “we” and “our”, are bound by the Privacy Act 1988 (Cth). Before providing us with any Personal or Sensitive Information (‘Information’), you should know that: We collect, use, process and store Personal Information about you, in order to comply with our legal obligations, assess your claim and, if your claim is successful, to administer the services provided to you.

If you do not agree to provide us with the Information, Brees and its insurers may not be able to process your claim

By providing us and our insurers with your claim Information, you consent to our use of this Information and where relevant for the purposes, you consent to our disclosure of your Personal Information, including your Sensitive Information, affiliates of Brees, insurers and reinsurers, service providers, our business partners, medical and health practitioners, government offices and agencies, regulators, law enforcement bodies, and as required by law within Australia or overseas.

Brees and/or its insurers may obtain Information from government offices, the parties listed above and third parties to assess your claim in the event of loss or damage.

For further information about Brees’ Privacy Policy, please refer to the Privacy Policy link on our homepage – www.brees.com.au, or contact us by telephone on 1 300 287 287 or email us at hello@brees.com.au.

Consent

I consent to the Insurer, in assessing or otherwise dealing with this claim, disclosing my personal information to or collecting my personal information from related entities, other insurers, investigators, or other parties providing services to the Insurer as set out in this notice. If I have provided or will provide any information to Brees or its insurers about any individuals, I confirm that I am authorised to disclose his or her personal information to the insurer and also give consent on both my and their behalf.

Name	<input type="text" value="Please Print"/>	Signature
Date	<input type="text" value="/ /"/>	

Telephone 1300 287 287

Please send to: claims@brees.com.au

PLEASE KEEP A PHOTOCOPY OF ALL DOCUMENTATION YOU SEND TO US FOR YOUR OWN RECORD