Tokio Marine & Nichido Fire Insurance Co., Ltd.
ABN 80 000 438 291
Managing Agent in Australia:
Tokio Marine Management (Australasia) Pty. Ltd.

ABN 69 001 488 455
Level 31, 9 Castlereagh Street, Sydney NSW 2000
GPO Box 4616, Sydney NSW 2001
Tel. (02) 9232 2833 Fax. (02) 9232 6374

http://www.tokiomarine.com.au

Email: claimsinfor@tokiomarine.com.au

PLEASE USE CAPITALS TO FILL IN CLAIM FORM

Liability Claim Form

THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM.
IT IS ISSUED TO ENABLE THE INSURED TO LODGE A WRITTEN STATEMENT OF CLAIM.

Please fill in all relevant sections

Policy Number

Name of Insured

Postal Address

Contact Person

Phone No **Mobile Number**

Contact Email Address

Goods and Services Tax - To ensure you do not incur any unnecessary GST liability on this claim, please advise your:

ABN

Entitlement to ITC in respect of Premium % Claim %

Contract/Project Details

Name of Project site owner

Project site Address

Is the project:

Residential Construction ☐ Commercial Construction ☐ Maintenance ☐
New Construction ☐ Renovation ☐ Display Home ☐
Other ☐

Contract Start Date Contract End Date

Contract Price Maintenance Period

Details of Incident

Date of incident Time of Incident AM/PM

Location of damage/ loss/ injury

Description of how the damage/ loss/ injury occurred

How was the damage/loss / injury discovered and by whom?

Was there a personal injury? Yes ☐ No ☐

Injured Person 1

Name

Address

Telephone Number

Nature and Extent of Injuries

Name of Doctor/Hospital (if applicable)

Were the police notified? Yes ☐ No ☐ Date Reported

Police report number

Was there damage/loss to third party property? Yes ☐ No ☐

Third Party Details

Name of owner of Property

Address

Postcode

Telephone Number

Nature and extent of property damage

Is the claim for product liability Yes ☐ No ☐

Product details (including model numbers and year of manufacture)

Details of allegation against product

Is the third party

An employee of the policyholder? Yes ☐ No ☐

An employee of a subcontractor? Yes ☐ No ☐

A member of the public? Yes ☐ No ☐

Has Liability been admitted? Yes ☐ No ☐

If yes, how? Verbally ☐ Written ☐

and to whom?

If a subcontractor is responsible please complete the following

Name of Subcontractor
Name of Subcontractors Insurer
Policy Number
Occupation/Trade

Name of Employee in charge at time of Incident

Please provide details of any other party responsible fo the damage/ loss/ injury

Name

Address

Please attach any statement of claim, letters of demand or writs that you have received from a third party or their representatives

Please also provide copies of any written correspondence between you and the third party where liability may have been admitted

Please provide full details of accident (use diagrams where necessary)

Witnesses

Witness name 1

Witness Address 1

Telephone Number

Witness name 2

Witness Address 2

Postcode

Telephone Number

Witness name 3

Witness Address 3

Postcode

Telephone Number

Please provide full details of accident (use diagrams where necessary)

Declaration

I/We declare that all the particulars stated above and statements made in support thereof are true and correct, that no information relevant to this claim has been withheld that no other person(s)have interest in the said property and that all conditions and stipulations of the policy have been complied with I/We hereby claim from the company in respect of the said loss, damage or accident and declare that the amount claimed above is based on a true value at the time of loss

Signed **Dated**

Your Privacy

- We collect personal information about you (including the information you provide in this Claim Form) to enable us to assess your claim and related purposes. We will, where relevant, disclose your personal information (other than sensitive information, such as information about your health) to your adviser (and any licensee or broker he or she represents), to our service providers (including loss adjusters, investigators and solicitors) and other businesses we work with for this purpose. In some cases, we may need to share your information with our related companies overseas, including our head office in Japan.

- Where relevant, to assess your claim we will also disclose personal information collected from you, including sensitive information about you (such as information about your health), to medical practitioners, other health professionals, reinsurers, legal representatives and other consultants we use to help us assess your claim. By signing this Claim Form, you consent to those organisations and other professionals collecting, and us disclosing, sensitive information about you for this purpose.

- A list of the type of our service providers, key business alliances and the consultants we commonly use is available on request.

- If you do not provide the requested information or consent to its collection and disclosure as described above, the assessment of your claim may be delayed or we may not be able to assess your claim.

- We may also disclose personal information about you where we are required or permitted to do so by law.

- In most cases, on request, we will give you access to the personal information we hold about you. Where we are unable to grant you access, we will tell you why.

- If you would like to find out more about our information handling practices, you can contact us by telephone on 02 9232 2833, or write to 'The Privacy Officer' at Tokio Marine & Nichido Fire Insurance Co Ltd, GPO Box 4616, Sydney, NSW, 2001. Please provide details of your policy number/s and/or claim number where known.

Tokio Marine and Nichido Fire Insurance Co Ltd is a member of the insurance industry's Financial Ombudsman Service. This independent service is provided to the insuring public at no cost a
aims to resolve claims complaints quickly and informally
You should first take your complaint up with our local manager. In most cases the problem will be resolved easil
If you are not satisfied with the outcome, you may contact the Financial Ombudsman Service in your state for advice and assistance in resolving your clai
The telephone number is 1300 780 808 website www.fos.org.au