

PERSONAL ACCIDENT CLAIM FORM

PLEASE ENSURE THAT ALL QUESTIONS ARE ANSWERED.

INSURED DETAILS					
Policy no					
Policy Type					
Name					
Business or Trading Name					
Address					
	State		Postcode		
Website			Country		
Phone Number					
Mobile no					
Email					
LOSS INFORMATION					
Date of Loss		Time	AM	PM	
Loss Location					
Please indicate (tick (4) the box) which of the following best describes your present occupation.					
(a) Clerical Work only				<input type="checkbox"/>	
(b) Performing Manual Work				<input type="checkbox"/>	
(c) Supervising Manual Work				<input type="checkbox"/>	
(d) Combination of (b) & (c)				<input type="checkbox"/>	
Are you self employed? Yes No If 'No', please provide the name & address of your employer				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name					
Address					
State		Postcode			
If 'Yes', (i.e. you are self-employed), please provide the details of your business					
Name					
ABN					
Address					
State		Postcode			

DECLARATION

I declare that all information provided in respect of this claim is true and correct and that no relevant information has been withheld.

Signature		Date:	
Name (Please print)			

Please attach any supporting documentation and email along with this completed Claim Form to AGI@victorinsurance.com.au

Important Information

Policy Specific Notices

CLAIMS MADE DURING THE PERIOD OF INSURANCE

Where all or part of the policy provides cover on a claims made basis any claims first made against you AND reported to the insurer during the period of insurance are covered irrespective of when the act causing the claim occurred, subject to the provisions of the Prior and Pending Litigation Date stated in the Schedule.

Please note the effect of Section 40(3) of the Insurance Contracts Act 1984. If you become aware of facts that may give rise to a claim, and you give written notice to the insurer of those facts as soon as possible (and before the policy period expires), then the insurer may not deny liability for that claim, when made, solely because it was made after the expiry of the policy period.

For this reason, you must advise the insurer in writing of all incidents that may give rise to a claim against you without delay after such incidents come to your attention and prior to the policy's expiry date.

As such this policy will not provide indemnity for claims, or possible claims, notified after the policy expires.

VICTOR INSURANCE PTY LTD

Victor Insurance Pty Ltd ABN 11 146 607 838 (Victor Insurance) is an underwriting agency and Authorised Representative (No. 403803) of Marsh Pty Ltd (ABN 86 004 651 512, AFS Licence No. 238083) (Marsh). Victor Insurance is a subsidiary of Marsh, which is a business of Marsh McLennan.

This insurance is underwritten by Victor Insurance under an authority to bind cover on behalf of the insurer. In such capacity, they are acting solely as an agent of the applicable insurance company and are paid compensation by the insurance company for the services they perform as an underwriting manager. They receive commission paid to them by the insurer as a percentage of the insurance premium paid by you before stamp duty, fire services levy, GST and any other government charges, taxes, fees or levies. They will also receive from the insurer a share of the underwriting profits generated from the business introduced to the insurer. All commissions and fees include GST and are incorporated within the cost of the product.