



Aviso Integral

Insurance Services

An Aviso Group Partner

Liability Claim Form

Claims@avisointegral.com.au

Important Information

- Do not admit liability
- If anyone holds you responsible for an incident or injury – ask for the claim to be put into writing
- Any claim made on you should only be acknowledged with advice that the matter will be referred to your insurer

Policy Number

Date

Your Claim Reference

For your records you can provide a division or reference number

Insured name/s (Policyholder name)

Contact name

Contact Number

E-mail

Address

Suburb

Post Code

State or Territory

ACT

NSW

NT

QLD

SA

TAS

VIC

WA

Are you registered for GST purposes?

No

Yes

What is your ABN?

Have you claimed, or do you intend to claim an input tax credit on the GST applicable to this policy?

No

Yes

Specify the percentage to be claimed

 %

Incident Details

Date of Incident?

Time

a.m.

p.m.

Address where incident occurred

Post Code

Please describe in detail how the loss/damage occurred

Has a claim been made on you?

Yes

No

Police

Have the police been notified?

Yes

No

Police Station

Reporting Officer

Police Report Number

Date Reported

Colac Office

Phone 03 5231 3088

Email info@avisointegral.com.au

Geelong Office

Phone 03 5244 1129

Email info@avisointegral.com.au

Ballarat Office

Phone 03 5331 1266

Email info@avisointegral.com.au

avisointegral.com.au

O'Donohue Nominees Pty Ltd trading as Aviso Integral Insurance Services

AFS Licence Number: 239911 / ABN: 28 005 729 831



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Witnesses

Were there any witnesses to the incident?

Yes

No

If yes please provide the following details

Name of Witness	Address	Phone Number	Where was the witness

Products Liability

Claim

Yes

No

Product Name

Model Number Serial Number

Lot Number Batch Number

Customer's Name Phone Number

Address

Property Damage

Claim

Yes

No

Name of the owner(s) of the property damaged

Address

Phone Email Address

What is your relationship to the owner(s)?

Describe the damage

Estimated cost (if known)

Have any repairs been carried out?

Yes

No

Provide details about the repairs that have been made

Was the property in your custody?

Yes

No

For what purpose?

Personal Injury

Claim

Yes

No

Name of person injured

Address

Phone Email Address

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Phone 03 5231 3088

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Full details of injuries

What is your relationship to the person

History

Have you had any previous losses or made any claims for loss, theft or damage

on any insurer in the past 5 years?

Yes

No

If yes please provide details

Has any insurer refused or cancelled cover or required special terms to insure you?

Yes

No

If yes please provide details

Have you been charged with, or convicted of any criminal charges in the past 10 years?

Yes

No

If yes please provide details

Details for EFT payment

Bank

Account Name

BSB

Account Number

Privacy

The Privacy Act 1988 sets out standards for the collection and management of personal information. We collect personal information in order to provide our services and products. Our Privacy Policy Statement is available on our website or click [here](#) to view

Declaration

By submitting this form, the signatory declares:

That the details in this form are correct and not misrepresented in any way.

The insurer may make their decision on indemnity based on these answers.

I understand the Privacy Act 1998 and consent to use and disclosure of personal information (tick to agree)

This electronic signature will be treated the same as if signed personally (tick to sign)

Completed by

Date

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