

# Claim Incident Report Form



(EXCLUDING WORKERS' COMPENSATION, MOTOR VEHICLE AND MARINE HULL CLAIMS/INCIDENTS)

## *Insureds Details*

Insured Name

Division

*Details of person completing this claim/incident report:*

Name

Position Title

Telephone  Email

Signature  Date

## *General Details on Claim / Incident*

Type of claim/incident (Third party property damage, personal injury, property - may be more than one):

Where did the incident occur?

How did the incident occur?

Date of Incident  Time  AM   
PM

When did the insured first become aware of the incident?

# Action Taken

Yes  No

Were the police called?


Was an ambulance called?

Yes  No

If YES, please provide details (was anyone taken to the hospital?)


Was the fire department called?

Yes  No

If YES, please provide details:


Was first aid issued?

Yes  No

If YES, please provide details:


Were there witnesses to the incident?

Yes  No

If YES, please provide details:

## WITNESS ONE

Name

--

Address

State

Postcode

--	--	--

Telephone

Email

## WITNESS TWO

Name:

--

Address:

State

Postcode

--	--	--

Telephone

Email

Has a copy of this report or details of the incident been given to other Insured staff or anybody else?

Yes  No

(If YES, provide details eg. For: remedial action, potential litigation):


# Specific Questions for Claims involving Property

Describe the damage and/or loss suffered (eg broken window):


Names and contact details of the property owner(s):

## CONTACT ONE

Name:

--

Address:

	State	Postcode

Telephone

--

Email

--

## CONTACT TWO

Name:

--

Address:

	State	Postcode

Telephone

--

Email

--

Description of vehicle and registration number (if claim relates to vehicle damage):

Vehicle Make/Model

--

Registration No

--

Estimated cost of incident (attach separate documents if necessary):

Item(s):


Cost \$


TOTAL

\$

--

# Specific Questions for Claims involving Personal Injury

Name of Injured Person

Date of Birth

Injured persons contact details:

Telephone

Email

Describe the injury (left hand, right eye etc):

Names and contact details of treating medical practitioners:

## **MEDICAL PRACTITIONER ONE**

Name:

Position Title

Medical Clinic

Telephone

Email

## **MEDICAL PRACTITIONER TWO**

Name

Position Title

Medical Clinic

Telephone

Email

## **MEDICAL PRACTITIONER THREE**

Name

Position Title

Medical Clinic

Telephone

Email

## Other

Additional information you wish to supply:


### Please note:

1. Make sure that you give us ALL details about your claim.
2. Please send any documentation you have which may assist in verifying ownership and/or value of items.
3. Send us all original quotations and/or original invoices which you have received to repair or replace your property.
4. Tell the Police immediately about any loss or damage which has been caused by burglary/theft, vandalism/malicious damage.
5. If possible, keep damaged items available as your insurer may wish to inspect them.
6. Contact your Claims Broker should you require assistance.

## Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and i have not withheld any relevant information.

Signature of the Insured or person with authority to sign for or on behalf of the Insured

Date

--

--

Position

--

*\*This consent only applies when a claim is submitted in relation to a policy issued to the individual, not a company or business*

## Collection Statement Under Privacy Act 1988

In accordance with the Privacy Act 1988 (and subsequent amendments), we, Lockton Companies Australia Pty Ltd draw your attention to the following:

We may collect personal information about you in connection with our services.

We collect the information principally for the purpose of approaching the (re)insurance market, placing insurance, assessing and advising you on your insurance needs, claims handling or risk management (depending on your requirements). Other purposes include providing you with information about other LCA products or services. If you are proposing for or renewing insurance, the information is required pursuant to your duty of disclosure under the Insurance Contracts Act 1984, the Marine Insurance Act 1909 or at common law.

The information we collect may be disclosed to third parties including but not limited to (re)insurers, insurance intermediaries, service providers, finance providers, advisers, agents and LCA related Group companies. Those entities will hold and use the data in accordance with their own privacy policies which may include disclosure to third parties located offshore.

By providing the information requested in this document you agree to us collecting, using and disclosing your personal information as outlined in this Collection Statement.

If you do not provide all or part of the information requested, we may be unable to process your application or provide other required services, your application for insurance may be declined or you may prejudice your insurance cover.

You have the right to request access to, and correct, any personal information that we hold about you, subject to the provisions of the Privacy Act 1988.

To assist us in maintaining correct records we ask you to inform us of any changes in your personal information provided, as they occur.

If you provide us with personal information about other individuals, you must ensure that those persons have been made aware of the above matters. Where the information collected relates to health, criminal record or other sensitive information as defined in the Privacy Act 1988, you must obtain any necessary consents from the person concerned.

Our Privacy Policy can be made available on request or can be accessed on our website (<https://www.locktoninternational.com/au/privacy-and-spam-policy>)

**For further information contact your account manager or Lockton's Privacy Officer:**

Attn: Privacy Officer  
Lockton Companies Australia Pty Ltd  
PO Box 270, Leederville, WA, 6902  
Ph: (+618) 9217 0800  
Email: [info@au.lockton.com](mailto:info@au.lockton.com)



UNCOMMONLY INDEPENDENT