

#### Lion Underwriting PTY LTD

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Unit 7, 16 – 18 Riverland Drive Loganholme, QLD, 4129 lionunderwriting.com.au

# **CLAIM FORM**

## **INSURED DETAILS**

- 1. Name of the Insured:
- 2. Contact Name:
- 3. Policy Number:
- 4. Phone Number:
- 5. Mobile Number:
- 6. Street Address:
- 7. Email Address:
- 8. Web Address:
- 9. ABN:
- 10. ITC % (Input Tax Credit): %

#### **BROKER DETAILS**

- **11.** Brokerage Name:
- 12. Contact Name:
- 13. Email Address:
- 14. Phone Number:
- 15. Web Address:

## **CLAIM DETAILS**

- 16. Date of Loss:
- 17. Time of Loss:
- **18.** Exact Location:
- **19.** Description of Incident:
- 20. Witness Details:

Witness Name:

Witness Phone Number:

21. Were police advised?

If Yes, please provide the Incident Report number:

### **CLAIMANTS DETAILS**

- 22. Full Name:
- 23. Address:
- 24. Phone Number:
- **25.** DOB:
- 26. Gender:
- 27. Details of Injury or Damages:

#### **PROPERTY DAMAGE DETAILS**

- 28. Description of Property Damaged:
- 29. Owner of Property:
- **30.** Details of Damage:
- **31.** Estimated Cost of Repair: (Please attach repair quotes if possible)
- 32. Was the Property in the Insured's custody?
- **33.** For what purpose?

Yes No

Yes

No

\$

Lion Underwriting - Claim Form // 3

Date:

#### **34.** Have repairs been carried out? Please Provide Details:

Item (Including Brand/Make/Model)

**35.** Any additional information:

#### **INSURED BANK DETAILS**

- 36. Account Name:
- 37. Bank Name:
- 38. BSB Number:
- 39. Account Number:

#### DECLARATION

By signing this form you consent to Lion Underwriting Pty Ltd using the information we may hold about you to provide assistance in relation to handling claims, and to process sensitive personal data about you where this is necessary (for example criminal convictions). This may include providing some details to third parties involved in providing insurance cover. These third parties may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and, regulatory authorities. In the course of performing our obligation to you, this information may be disclosed to agents and service providers appointed by us, Insurers, (including their re-insurers, legal advisers, loss adjustors or, agents). Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and, where relevant, in compliance with the Privacy Act 1988. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

Print Name:

On behalf of:

Signature:

