

# Liability Claim Form

Please answer all questions. This will help us process your claim quickly.

If you need more space to answer any of the question, please use a separate sheet of paper.

Any attachments will form part of the claim report and the declaration will include them.



**McCormick  
Harris**  
INSURANCE

ADVICE • SOLUTIONS • SERVICE

[www.mccormickharris.com.au](http://www.mccormickharris.com.au)

The company does not admit liability by the issue of the form. It is issued to enable the insured to lodge a written statement of claim

## Important information

- Do not admit liability – Ask for any claim to be put in writing and refer all correspondence to MCCORMICK HARRIS INSURANCE.
- Make sure you give us all the details about your claim. Attach a separate sheet of paper in you have insufficient space on this form.
- Send all quotations you have received to repair or replace damage property or invoices or receipts if the goods have already been repaired.

## Insured details

Name

Business or Trading name

Policy number

Address

State

Postcode

Postal address

State

Postcode

Occupation

Contact name

Phone number – Private

Business

Mobile

Email

## Good and Services Tax

Are you registered for GST purposes? Yes ☐ No ☐

What is your Australian Business Number (ABN)?

What percentage of the GST paid on the policy premium were you entitled to claim as an Input Tax Credit?

**Please note the GST legislation requires that this information be provided when a claim is notified. However, it is not used in determining acceptance of claim, nor will it be released to other parties.**

Have you received a formal demand or claim from another person? Yes ☐ No ☐

If 'Yes', has all correspondence including demands, contracts, quotes and invoices been attached?

Yes ☐ No ☐

**Please note** that any further correspondence or documentation received in relation to this claim should also be forwarded for attention.

## Details of the Accident/Incident

Date  Time  am ☐ pm ☐

Location of the incident / accident

Please provide a description of the accident / incident

Please provide details of damaged property and / or injuries suffered

Have you admitted responsibility / liability for the incident? Yes ☐ No ☐

Does the claim involve a product that you have manufactured or supplied to another person?

Yes ☐ No ☐

If 'Yes' please provide details

Were emergency services such as ambulance, police or fire brigade contacted?      Yes      No

If 'Yes', please provide details and attach reports if available

Did the accident of injury arise out of the use of a motor vehicle?      Yes      No

Was the motor vehicle registered or required to be registered?      Yes      No

If unregistered, was the vehicle insured under a motor vehicle or other insurance policy?

Yes      No

Do you believe that another property or person is responsible?      Yes      No

If 'Yes' please provide details

#### Details of the party or parties making a claim against you

Name

Address

State      Postcode

Phone number – Private      Business      Mobile

Solicitor's name

#### Witnesses

Name

Address

State      Postcode

Phone number - Private      Business      Mobile

Relationship (eg. Employee, family, friend, independent)

## Privacy

McCormick Harris Insurance includes information about how we manage your personal information in our Privacy policy located on our website [www.mccormickharris.com.au](http://www.mccormickharris.com.au) or contact our Compliance Manager on 03 5438 1666 or email [client.service@mhi.com.au](mailto:client.service@mhi.com.au) for further information.

**HEIC image files are not supported.**

**This restriction applies to images sent from Apple mobile devices.**

**To ensure compatibility, please adjust your camera settings by navigating to Settings > Camera > Formats and selecting "Most Compatible" rather than "High Efficiency".**

## 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.

I/we agree that, by submitting this form, the personal information I/we provide to your Insurer in this form or otherwise may be collected held, used and disclosed in the manner set out in our privacy policy found at [www.mccormickharris.com.au](http://www.mccormickharris.com.au), including for processing this claim.

Signature of the insured person with the authority to sign  
for and on behalf of a company or partnership

Date

Signature of the Insured

Date

Please indicate the number of pages attached to this claim report

**When complete, please forward the report to:**

**Email – [claims@mhi.com.au](mailto:claims@mhi.com.au)**

**Or send it to**

**McCormick Harris Insurance**

**PO Box 100**

**Bendigo, VIC 3552**