

**SSAA General Insurance Brokers.**

Unit 1/212 Glen Osmond Road, Fullarton SA 5063.

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**Freecall** 1800 808 608 (Landline only) **www.ssaaiib.com.au**



**SSAA**  
General  
Insurance  
Brokers

# Liability Claim Form

**No admission of liability, either implied or expressed, should be made. Any claim made upon you should simply be acknowledged with advice that the matter has been referred to your insurer for determination. The completion of this form and its receipt is not an indication that your Insurer accepts any liability to you or to any person claiming from you.**

**Note: This form must be completed by the policyholder NOT the injured/third party**

**If there is not enough room on this form for your answers, please attach a separate sheet, indicating the Section and Question you wish to complete.**

## Your Privacy

The Privacy Act 1988 requires us to make the following disclosure before collecting personal information about you:

- We collect personal information in order to provide our broking services including assistance with insurance claims. We will ask you to supply personal information on this form so we can assist you to submit your insurance claim and have it considered by the insurer. We will disclose this information to the insurer for this purpose.
- If the personal information is not provided, the insurer may not be able to assess and pay the claim and we may not be able to assist with your claim.
- We and the insurer may disclose the personal information to other people involved in reviewing the claim, including reinsurers, other insurance intermediaries, the insurer's advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process.
- By signing this form you consent to us and the parties mentioned above collecting, using and disclosing personal and sensitive information about you for the purposes described above. You understand that any personal and sensitive information disclosed to organisations located overseas may not be protected in the same way as it is in Australia. Even though we have no control over how the information will be used and disclosed, you consent to us disclosing your personal and sensitive information to those overseas organisations for the purposes described above

Further information about how to access the personal information we hold about you, have it updated or corrected or how to make a complaint about how your personal information is collected or used is in our Privacy Policy on our website: [www.ssaaiib.com.au](http://www.ssaaiib.com.au)

## CONTACT US

**You can contact our Privacy Officer using the details below:**

Unit 1/212 Glen Osmond Road  
Fullarton SA 5063

Phone (08) 8332 0281  
Facsimile (08) 8332 0303  
[insurance@ssaains.com.au](mailto:insurance@ssaains.com.au)

## 1. Details of Policy Holder

Full Name(s) of Policy Holder

  
  
  
  


Address of Policy Holder

  
  


Postcode

Phone

Mobile

Email

Insurer

Policy Number

Expiry Date

 /  / 

## 2. Details of Accident / Injury / Damage

Date of Incident

 /  / 

Time of Incident

 am / pm

Was there any Personal Injury?

 **Yes**  **No**

(If "Yes", please advise):

(i) name(s) & address(es) of injured persons:

1. Name:

Address:

  


2. Name:

Address:

  


(ii) nature & extent of injuries:

1.

  
  


2.

  
  


(iii) name of doctor &/or hospital (if applicable):

1.

  


2.

**Was any Third Party Property Damaged?**

**Yes**  **No**

(If "Yes", please advise):

(i) name(s) & address(es) of owners:

1. Name:

Address:

2. Name:

Address:

(ii) nature & extent of damage:

1.

2.

**Is the Third Party:**

(i) an employee of the policyholder?

**Yes**  **No**

(ii) an employee of a sub-contractor

**Yes**  **No**

(iii) a member of the policyholder's family?

**Yes**  **No**

(iv) ordinarily resident in the policyholder's home?

**Yes**  **No**

**Has the claim been Intimated:**

(i) verbally?  **Yes**  **No**

If "Yes", to whom:

(ii) in writing?  **Yes**  **No**

If "Yes", please attach correspondence

**Name of your Employee(s) in charge at Time of Incident:**

**Give details of all witnesses, if any:**

1. Name:

Address:

2. Name:

Address:

3. Name:

Address:

