Wedding – Public Liability
Claim Form

It is essential that this form be returned directly to Ansvar Insurance, with all questions answered, at the earliest opportunity.
Please print your answers and ✓ where appropriate.

Office use only Claim number

1. Policyholder details

Payment receipt number

Name/Business name

Policy number

Address

State

Postcode

Date of birth

Telephone: Home

Telephone: Work

Telephone: Mobile

Email

Occupation

2. Accident details

Date of accident/injury/loss/damage / /

Time am/pm

Date of wedding / /

Describe how and where the accident occurred

If insufficent room, use space on back of form or attach seperate sheet.

Victoria
AD GPO Box 1655
Melbourne 3001
FX +61 3 9614 1545

New South Wales
AD PO Box 1410
Parramatta 2124
FX +61 2 9687 9564

Queensland
AD GPO Box 747
Brisbane 4001
FX +61 7 3221 6721

South Australia
AD PO Box 630
Fullarton 5063
FX +61 8 8338 1920

Western Australia
AD PO Box 840
West Perth 6872
FX +61 8 9324 2013

Tasmania
AD PO Box 330
Launceston 7250
FX +61 3 9614 1545

Ansvar Insurance Ltd. **ABN** 21 007 216 506 **AFSL** 237826 Member of the Ecclesiastical Insurance Group

3. Name and address of other party

Name

Address | State | Postcode | Telephone

Has a claim been made by other party? ☐ Yes ☐ No

Have you admitted liability? ☐ Yes ☐ No

4. Was there a witness to the accident?

☐ Yes ☐ No *If yes, name and address of witness* Name

Address | State | Postcode | Telephone

5. Goods and services tax To ensure you do not incur any unnecessary GST liabilities on this claim complete these details

Are you registered for GST purposes? ☐ Yes ☐ No What is your ABN? ☐☐☐☐☐☐☐☐☐☐☐

If you have registered and have an ABN, have you claimed or will you be claiming an input tax credit on the GST applicable to this policy? ☐ Yes ☐ No

Is the amount claimed less than 100% of the GST applicable to the premium? ☐ Yes ☐ No Specify the percentage amount claimed %

6. Electronic funds transfer Settlement of your claim may involve a cash settlement. Please complete the following if you are interested in an EFT payment

Account name | BSB number | Account number

7. I declare that all the information I have given is true and correct

Signature | Date

/ /

Ansvar Insurance is a member of the insurance industry's impartial Insurance Ombudsman Service. This independent service is provided to the insuring public at no cost and aims to resolve claims complaints quickly and informally. In the unlikely event of a complaint arising, you should firstly contact the local Ansvar Insurance Regional Manager. In most cases the problem will be resolved easily. If you are not satisfied with the response given by the Regional Manager you may contact our Internal Dispute Resolution Committee for advice and assistance in resolving your claim.

Privacy The information we collect assists us to make a decision on whether we will accept your claim. If you do not provide this information we may be unable to process your claim. We may use third party suppliers (agents, loss adjusters, assessors and mailing houses) to carry out specialised activities on your behalf. These organisations are aware of their obligations under Privacy provisions. At any time you may request access to your personal information and correct it if it is wrong. We value the personal information you give to us and we will take all reasonable precautions to prevent unauthorised access to this information.