



**Property Damaged:**

Nature and extent of damage  Estimated Cost \$

Name of Owner of damaged property

Address

Postcode

Phone No. (Home)  Phone No. (Work)  Mobile No.

**Personal Injury:**

Name of Person Injured

Age  years Sex Male  Female  Occupation

Address

Postcode

Phone No. (Home)  Phone No. (Work)  Mobile No.

Nature of Injury

Was treatment given at the scene of the Incident? Yes  No

If Yes, by whom (if ambulance or doctor, give details)

Address

Postcode

Was transport provided to hospital? Yes  No

**Witnesses:** Were there any witnesses to the event? Yes  No  (If yes, please complete the following)

Name

Address

Postcode

Phone No. (Home)  Phone No. (Work)  Mobile No.

Where was the Witness?

**Second Witness:**

Name

Address

Postcode

Phone No. (Home)  Phone No. (Work)  Mobile No.

Where was the Witness?

**Privacy:** The Privacy Act 1988 requires us to tell you that as an insurer we collect your personal and sensitive information in order to calculate your loss and entitlements, determine our liability, compile data and handle claims. When handling claims, we may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters,

external claims data collectors, investigators and agents or other parties as required by law.

You have the right to seek access to your personal information and to correct it at any time. Please contact us on 1300 360 529 EST 9am-5pm, Monday-Friday and advise us of the changes.

**IDR Statement:** Disputes are not an everyday occurrence at Allianz. However we do provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details.

If you are not satisfied with the outcome of this process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

**Declaration:** I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed. I/We acknowledge that I/we have read and understood the Privacy Act 1988 information referred to above and

consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim, with their approval. I/we acknowledge that if I/we do not agree to the collection of this personal and sensitive information then Allianz will be unable to process my/our claim.

Signature of Insured  Date