

## Liability Claim Form

### PART 1 – PLEASE COMPLETE FOR ALL CLAIMS

Insured: ..... Policy Number: .....

If company, partnership etc, state full registered name or trading name

Address:		
	State:	Post Code:
Telephone No: (Day)	Telephone No	: (Eve)
Mobile:	Fax::	

Lease/Rented Premises

In accordance with the Lease/Rental Agreement, is the Landlord		
required to pay for the repairs or replacement?	Yes	No

Location at which loss, damage or accident occurred (e.g. address)

For what purposes are the premises at the location occupied?

Date which loss, damage or accident occurred?

Date		Time	
What y	was the nature of the loss, damage or		

accident? (eg damage to roof tiles)

How was it caused? (e.g. storm)

What steps were taken to prevent or reduce	
further loss, damage or injury?	

Has any other person, other than you, an interest in the property?		
	Yes	No

If yes, please give details



Have you had any other insurance covering the property on liability?	Yes	No
If yes, state the company and the amount insured	1 .	
	\$	
Was immediate notice given to Miramar of the loss?	Yes	No
Have you, or anyone comprising the insured, either alone or	Yes	No
with others, ever previously suffered a loss and/or claimed for a		
similar event?		
	1	1
Has an invoice or account been paid?	Yes	No

# PART 2 - LEGAL LIABILITY

Give, in full, particulars of any personal injury to or damage to property of any person

Give name and address of person who suffered injury or property damage

Product Liability – were products manufactured by the insured?		No
Directly imported by the Insurer?	Yes	No

Name of person in charge at time of accident?

If, in your opinion, anyone was to blame for the accident, state name and address and give reasons for your opinion:



### Give name and addresses of any witnesses

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	Has any claim been made upon you verbally or otherwise?	Yes	No

If yes, give particulars and forward any correspondence to Miramar Underwriting Agency

Was any liability admitted?	Yes	No
Has any enquiry been held by the Police relative to the accident?	Yes	No

If yes, state when and where



### PRIVACY

We are committed to protecting your privacy. We use the personal information you provide to us in connection with your claim only for the purpose of assessing and managing the claim. We may need to provide that information to our underwriters and reinsurers (and their representatives) and those we appoint to assist us with the claim. We will not trade, rent or sell your information.

If you do not provide us with complete information, we cannot properly assess your claim. You can check the personal information we hold about you at any time.

If you provide us with personal information about anyone else, we rely on you to have told him or her that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.

For more information about our Privacy Policy, ask us for a copy.

#### Important information for completion of claim form

You should retain a copy of all information supplied to the insurers

Please return your fully completed claim form to:- Your Broker

Please use a separate sheet of paper if you need more space to complete any question

#### Declaration

I/We declare that the above particulars are a true account of the loss, damage or injury sustained by me/us and that the claim shown above does not include any profit or advantage of any kind. I/We further declare that all the conditions and warranties of the policy have been faithfully complied with and that no party insured has willfully caused the said loss, damage or injury or sought unjustly to benefit thereby.

Signature	Date//
Print Name	
Signature	Date//
Print Name	