



## 5. Cause

### Product

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

No  Yes. If yes, provide details of the product:


### Vehicle

Did the accident or injury arise out of the use of a vehicle?

No  Yes. If yes, provide details of the vehicle:


Was the vehicle registered or required to be registered?

No  Yes. If yes, provide details:


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

No  Yes. If yes, provide details:


### Property

Does the claim involve damage or injury arising from a property?

No  Yes. If yes, provide the following details:

Please advise who the property is owned by:


Please advise who the property is occupied by:


### Animal

Does the claim involve damage or injury caused by an animal?

No  Yes. If yes, please advise the type of animal:

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How long have you owned the animal?  Years.

Is the animal normally kept behind fences?  No  Yes.

Has the animal been involved in similar incidents?  No  Yes.

## 6. Witnesses

Name of witness

Address
Post Code
Telephone number
Relationship (e.g. employee, family friend etc)

Name of any additional witness

Address
Post Code
Telephone number
Relationship (e.g. employee, family friend etc)

## 7. Goods and Services Tax

Are you registered for GST?

No  Yes. If yes, please provide your ABN:

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What is your entitlement to an Input Tax Credit?  %

## 8. Privacy

We are committed to protecting the privacy of your personal information in accordance with the Privacy Act.

We use the personal information you provide to us in connection with your claim only for the purpose of managing and assessing 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 never sell or rent your personal information.

If you do not provide us with complete information, we cannot properly assess your claim. You may reasonably obtain access to your personal information that we hold. Our detailed privacy policy is available on request.

## 9. 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 authorise The Hollard Insurance Company Pty Ltd to give to or obtain from other insurers or insurance reference bureaus, any information relating to this claim or any other claim made by me/us or any insurance held by me us.

Insured's Signature
Date