



ace insurance limited

Legal Liability **CLAIM FORM**

INSTRUCTIONS TO PROPOSER

Legal Liability Claims require special attention.

Please assist by answering ALL questions in full and return this form **URGENTLY**.

The personal information collected on this Claim Form will be held by ACE Insurance Limited and you have rights of access to and correction of this information under the Privacy Act 1993.



LEGAL LIABILITY

1. Name of Insured

Postal Address

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Business Telephone

Home Telephone

2. Your Broker

Address of Broker

3. Date and Time of the Damage or Injuryat.....am / pm.

4. Place where the Damage or Injury occurred?

5. State in full detail how the Damage or Injury happened (Attach any relevant documentation)

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6. In your opinion who was responsible for the Damage or Injury? (Give reasons).....

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7. State details of Damage or Injury to Third Parties:

(a) Name

(b) Address

(c) Description and extent of Damage or Injury

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Estimated cost of Damage: \$.....



LEGAL LIABILITY

8. Have you received or do you anticipate receiving, notice of any claim from or on behalf of Third Parties? Yes No

(If Yes, give full details)
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9. Have you made any admission of liability or any statement concerning liability? Yes No

(If Yes, give full details)
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10. Give Names, Addresses and Telephone Numbers of any Witnesses to the Damage or Injury

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11. When and by whom was the Damage or Injury reported to you?

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12. Have any of your employees been injured or your own property been damaged? Yes No

(If Yes, give full details)
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13. Have you any other Insurance against your liability to the General Public? Yes No

(If Yes, Name the Insurance Company and provide details of the policy)
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14. Any further information you wish to add:.....

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LEGAL LIABILITY

DECLARATION

I/WE declare that to the best of my/our knowledge, the above are true statements of fact and that I/WE have not withheld any information relevant to this claim.

I/WE will offer every assistance within my/our power to ACE Insurance Limited or their representatives, in dealing with the matter.

I/WE agree ACE Insurance Limited shall have the authority to settle or otherwise deal with any claim made against me/us in respect of the matter.

I/WE authorise the disclosure to ACE Insurance Limited of personal information held by any other person or organisation regarding or affecting this claim, and authorise ACE Insurance Limited to release to any other person or organisation information regarding or affecting this claim.

Dated at thisday of 2

Signature Witness Signature

Name Name

Address Address