



GENERAL LIABILITY ACCIDENT CLAIM FORM
Notice of Accident/Incident

SECTION 1 - POLICY HOLDER INFORMATION:

Name:.....

Address:.....

..... Post Code:.....

Policy Number:.....

Policy Period: From:..... To:.....

Telephone Number:..... Fax Number:.....

Email Address:.....

ADDITIONAL POLICY HOLDER INFORMATION:

Did the accident occur at an event authorized by you? Yes No

If yes, please answer the following:

Name of event:.....

Date of event:.....

Was an Insured participant involved in the accident: Yes No

If yes, please complete the following:

Name:.....

Address:..... Post Code:.....

CONTACT DETAILS (IF DIFFERENT FROM ABOVE):

Name:.....

Address:.....

..... Post Code:.....

Telephone Number:..... Fax Number:.....

Email Address:.....

Position Held:.....

SECTION 4 - DETAILS OF INJURY, LOSS OR DAMAGE

Extent of 3rd party bodily injuries:.....
.....
.....
.....
.....

Details of 3rd party property damage sustained:.....
.....
.....
.....
.....
.....

Please attach any estimates for repair that have been provided by the 3rd party.

SECTION 5 - WITNESS STATEMENTS:

Please provide names and addresses of all witnesses to the accident:

1. Name:.....
Address:.....Post Code:.....

2. Name:.....
Address:.....Post Code:.....

3. Name:.....
Address:.....Post Code:.....

DECLARATION:

It is necessary that every care should be taken in completing this claim form and the information given herein should be accurate. You should not make any payment, offer or promise of payment or admit liability in anyway, as by doing so you may prejudice your position and forfeit the benefits afforded in the terms of your policy.

Signed:.....

Date:

THE ISSUE AND ACCEPTANCE OF THIS FORM DOES NOT CONSTITUTE AN ADMISSION OF LIABILITY ON THE PART OF SPORTSCOVER

**** WARNING: PERSONS FOUND TO HAVE LODGED A FRAUDULENT CLAIM ARE LIABLE FOR PROSECUTION ****

ADDITIONAL INFORMATION:

SPORTSCOVER AUSTRALIA PTY LTD A.C.N. 006 637 903 AFS Licence No 230914

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