

LIABILITY INCIDENT/CLAIM REPORT FORM

Please send any new Liability claims to the following email:

liabilityclaims@brooklynunderwriting.com.au

PLEASE DO NOT ADMIT LIABILITY TO CLAIMANT (party making allegations or claiming against you)

At Brooklyn we believe that when a new claim is reported it presents a once-only opportunity to control the direction of the claim. By taking the trouble to gather quality information at the outset you will help reduce the life of the claim, reduce the cost of the claim and will more often guarantee achievement towards the desired outcome of the claim.

Try to answer all questions fully, using additional sheets if necessary. Please also attach copies of relevant documentation, including any written communication.

This form must be completed by a Partner/Director/Principal of the Insured.

1. Insured Name: _____

Period of Insurance: _____ **Limit of Indemnity:** _____

Policy No: _____ **Contact Person:** _____

Phone Number: _____ **Email Address:** _____

ABN: _____ **Input Tax Credit %:** _____

Broker/Agent: _____ **Claims Contact:** _____

2. Date of Loss: _____ **Time of Accident/Loss:** _____

Please provide a detailed description of accident or loss including extent of any property damage or personal injury caused:

3. Have you admitted liability or fault for the property damage or personal injury caused: **Yes** **No**

Please complete relevant section applicable to your claim, accident or loss

1. Details of Personal Injury

Was there any personal injury? **Yes** **No**

Please state name, address and contact details of injured person below:

1. Injured Person's Name: _____ **Contact Details:** _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Please detail nature and extent of injuries:

Details of any treatment received including name of doctor and/or hospital (if applicable):

2. Injured Person's Name: _____ Contact Details: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Please detail nature and extent of injuries:

Details of any treatment received including name of doctor and/or hospital (if applicable):

2. Details of Property Damage

Was there any property damage? Yes No

Please state name, address and contact details of injured person below:

Address: _____

Suburb: _____ State: _____ Postcode: _____

Please detail nature and extend of damage caused:

3. Further Incident/Claim Particulars

Name and contact of employee in charge at the time of the accident/claim:

Have you taken any step to mitigate or reduce the possibility of a reoccurrence of the same conditions which lead to the accident or loss?

Yes

No

If 'Yes' please provide details below:

Please provide details of all witnesses who were present at time of property damage or personal injury:

Witness Name 1: _____ Contact Details: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Nature of relationship to the Insured:

Witness Name 2: _____ Contact Details: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Nature of relationship to the Insured:

Please advise the approximate AUD amount that it will cost to repair or replace the damaged property

Will you be attaching any diagram, photos or correspondence which may assist us to with the assessment of this claim?

Yes

No

If 'yes' please provide a brief description of their content below:

Please attach any demands, quotation for damage caused or correspondence that will assist with setting a reserve for this claim

4. Privacy Collection Statement

We are committed to safeguarding and protecting your privacy. We are bound by the provisions of the Privacy Act 1988 (Cth) which sets out the standards to meet in the collection, use and disclosure of personal information. We will only collect personal information from you to enable us to quote on and insure your risks and matters incidental thereto, including investigating, processing and managing claims.

We may provide your personal information to others, such as our related bodies corporate, other insurers or our reinsurers, claims investigators, lawyers and other professionals, and government bodies. Some of these recipients may be outside of Australia, such as to Europe, the United Kingdom, India, Poland and the United States. Any disclosure outside Australia will be in compliance with the Privacy Act. We will not under any circumstances trade, rent or sell your information.

If you do not provide us with complete, accurate and up-to-date information, we cannot properly assess or manage your claim.

If you provide us with personal information about anyone else, we will rely on you to have told them 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.

If you wish to access or correct your personal information, or wish to raise any concerns as to how we handle your personal information, please write to:

**The Privacy Officer
Brooklyn Underwriting
Level 28, Angel Place
123 Pitt Street
Sydney NSW 2000
E: privacyaustralia@axaxl.com**

For further details on how we manage your information, please see our Privacy Policy on our website: <http://www.brooklynunderwriting.com.au>.

Brooklyn Underwriting is part of AXA XL, a division of AXA. If you require further information about how we deal with your personal information under European Economic Area (EEA) data protection laws, please refer to the AXA XL European Privacy Notice at <https://axaxl.com/privacy-notice> or contact the Privacy Officer using the contact details above.

Insured Signature: _____

Date: _____

Insured Title: _____



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