LIABILITY CLAIM FORM

YOUR PRIVACY

The Privacy Act 1988 requires us to make the following disclosure before collecting personal information about you:

- We collect personal information in order to provide our broking services including assistance with insurance claims. We will ask you to supply personal information on this form so we can assist you to submit your insurance claim and have it considered by the insurer. We will disclose this information to the insurer for this purpose.
- If the personal information is not provided, the insurer may not be able to assess and pay the claim and we may not be able to assist with your claim.
- We and the insurer may disclose the personal information to other people involved in reviewing the claim, including reinsurers, other insurance intermediaries, the insurer's advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process.

By signing this form, you consent to us and the parties mentioned above collecting, using and disclosing personal and sensitive information about you for the purposes described above.

Further information about how to access the personal information we hold about you, have it updated or corrected or how to make a complaint about how your personal information is used or stored can be found in our Privacy Policy on our website: www.directinsurance.com.au

CONTACT US

You can contact our Privacy Officer using the details below:

Privacy Officer: Matthew Dawson

Address: 38 Brookes Street, Bowen Hills QLD 4006

E-mail: matt@directinsurance.com.au

Telephone: 07 3866 5444

WHEN COMPLETING THIS FORM

If there is not enough room on this form for your answers, please attach a separate sheet, indicating the section and question you wish to complete and we will process with the information submitted on this form.

SALON INSURANCE AUSTRALIA

LIABILITY CLAIM FORM

CLAIM NUMBER

POLICY DETAILS

Full Name(s) of Insured

Address of Insured

STATE POSTCODE

Contact Numbers Business Hours After Hours

Insurer Policy # Expiry Date

DETAILS OF ACCIDENT OR INJURY

Date of Accident Approx Time of Event

Was there any personal injury? No Yes if yes, please give details;

Details of Injured Person(s)

Full Name Contact #

Address

State Postcode

Full Name Contact #

Address

State Postcode

SALON INSURANCE AUSTRALIA

LIABILITY CLAIM FORM

Nature and extent of inuries;

Please provide medical contacts if applicable;

Doctor

Hospital

Was any third party property damaged?

☐ No ☐ Yes

If yes, please give property owner(s) details;

Full Name(s)

Contact #

Address

State

Postcode

Full Name(s)

Contact #

Address

State

Postcode

Nature and extent o damage;

Is the third party any of the following;

An employee of the policy holder? ☐ No ☐ Yes

An employee of a sub-contractor? ☐ No ☐ Yes

A member of the policy holders family? ☐ No ☐ Yes

A resident in the policy holders home? ☐ No ☐ Yes

SALON INSURANCE AUSTRALIA

LIABILITY CLAIM FORM

Has the claim been intimidated verbally? ☐ No ☐ Yes

If yes, by whom?

Has the claim been intimidated in writing? ☐ No ☐ Yes

If yes, by whom?

If yes, please attach the correspondence.

Name of your employee in charge at the time of the accident;

Give details of any witnesses, if applicable;

Full Name(s) Contact #

Address

State Postcode

Full Name(s) Contact #

Address

State Postcode

State fully and clearly the circumstances surrounding the accident;

SALON INSURANCE AUSTRALIA

LIABILITY CLAIM FORM

BUSINESS DETAILS

Are you a registered business? ☐ No ☐ Yes If yes, please provide your ABN

What percentage of GST in your premium did you claim as Input Tax Credit for the period of insurance in which this loss occurred;

BANK DETAILS

Account Holder Name

BSB Number

Account Number

DECLARATION

I/We, the undersigned claimant(s) hereby declare that the foregoing statements and particulars of the claim are true and correct and that I/We have not withheld any information relevant to this claim.

I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify Direct Insurance Brokers Pty Ltd in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed "Your Privacy".

Full Name of Claimant 1

Full Name of Claimant 2

Claimant 1 Signature

Date:

Claimant 2 Signature

Date: