

## 1. Details of Policyholder

Full Name	Occupation or Trade	
Address	Telephone (A/H)	Telephone (B/H)
	Email Address	

Insurer	Policy Number	Expiry Date
Account Manager	Client Code	

## 2. Details of Accident/Injury

Where did the Event occur?

Date of accident

Time of accident

Was there any personal injury?      [Yes](#)      [No](#)

If Yes, please state:

i). Name(s), address(es) and contact number(s) of injured person(s)

Name 1

Name 2

Phone

Phone

Address

Address

Postcode

Postcode

ii). Nature and extent of injuries

1

2

Record of incident?      [Video/Closed Circuit](#)      [Photo](#)      [None](#)

iii). Name of Doctor and/or Hospital (if applicable)

1

2

Was there any Third Party Property Damage? [Yes](#) [No](#)

If Yes, please state:

i). Name(s), address(es) and contact number(s) of owner(s)

Name 1

Name 2

Phone

Phone

Address

Address

Postcode

Postcode

ii). Nature and extent of damage

1

2

Is the third party:

- |     |   |                     |                    |
|-----|---|---------------------|--------------------|
| i.  | an employee of the policyholder?                  | <a href="#">Yes</a> | <a href="#">No</a> |
| ii. | an employee of a subcontractor?                   | <a href="#">Yes</a> | <a href="#">No</a> |
| i.  | a member of the policyholder's family?            | <a href="#">Yes</a> | <a href="#">No</a> |
| i.  | ordinarily a resident in the policyholder's home? | <a href="#">Yes</a> | <a href="#">No</a> |

Has the claim been intimated:

- |     |             |                     |                    |                                      |
|-----|-------------|---------------------|--------------------|--------------------------------------|
| i.  | verbally?   | <a href="#">Yes</a> | <a href="#">No</a> | If Yes, to whom?                     |
| ii. | in writing? | <a href="#">Yes</a> | <a href="#">No</a> | If Yes, please attach correspondence |

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

Give details of all witnesses, if any:

Name 1

Name 2

Phone

Phone

Address

Address

Postcode

Postcode

State fully and clearly the circumstances surrounding the accident:

### 3. ABN Details

Are you a registered business?      [Yes](#)      [No](#)

What is your ABN number?

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

In the past 5 years, has the Policyholder:

- |     |   |                     |                    |
|-----|---|---------------------|--------------------|
| i.  | been convicted of, or had any fines or penalties imposed for any crime? | <a href="#">Yes</a> | <a href="#">No</a> |
| ii. | had an insurance policy declined, cancelled or conditions imposed?      | <a href="#">Yes</a> | <a href="#">No</a> |

## 4. Declaration

I declare that the above statements are true, that I have not suppressed or mis-stated any facts. 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 BFrank Insurance 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".

Claimant 1 Full Name (Please use block letters)

Claimant 2 Full Name (Please use block letters)

Claimant 1 Signature

Claimant 2 Signature

Date

Date

This electronic signature will be treated the same as if signed personally (tick to sign)

## 5. Bank Details

BSB Number

Account Number

Account Name