

CLAIMS FORM



INSURED DETAILS

1. Name of Insured:
2. Contact Name:
3. Policy Number:
4. Phone Number:
5. Email:

BROKER DETAILS

6. Brokerage Name:
7. Contact Name:
8. Email:
9. Phone Number:
10. Web Address:

INCIDENT DETAILS

11. Date of loss/event:
12. Location:
13. Time & Date:
14. Damage Incurred/description of incident:

15. Were there witnesses to the loss? Yes No

If **Yes**, please give full details:

Witness Name:

Witness Phone Number:

16. Were police advised? Yes No

If **Yes**, please provide the incident report number:

17. Any additional information:

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INSURED BANK DETAILS

18. Account Name:

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19. Bank Name:

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20. BSB Number:

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21. Account Number:

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DECLARATION

By signing this form you consent Lion Underwriting Pty Ltd using the information we may hold about you for the purpose of providing assistance in relation to handling claims, and to process sensitive personal data about you where this is necessary (for example criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These third parties may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and regulatory authorities. In the course of performing our obligation to you, this information may be disclosed to agents and service providers appointed by us, Insurers, (including their re-insurers, legal advisers, loss adjustors or agents). Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and, where relevant, in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

Print name:

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Signature:

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On behalf of:

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Date:

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