

**GENERAL LIABILITY ACCIDENT CLAIM FORM****Notice of Accident/Incident**

PLEASE USE BLOCK LETTERS | ALL SECTIONS MUST BE COMPLETED

**SECTION 1 – POLICY HOLDER INFORMATION**

Name of Insured	_____		
Address	_____		
State	_____	Post Code	_____
Telephone (AH)	_____	Telephone (BH)	_____
Email	_____		
Policy Number	_____		
Policy Period	From _____	To _____	
Does the Insured have an ABN?		<b>Yes</b>	<b>No</b>
If <b>Yes</b> what is the Insured's ABN?	_____		
Is the Insured registered for GST?		<b>Yes</b>	<b>No</b>
If applicable, please provide the Insured's ITC	_____		

**Additional Policy Holder Information – (if different from above)**

Contact Name	_____		
Address	_____		
	_____	Post code	_____
Telephone (AH)	_____	Telephone (BH)	_____
Position Held	_____	Email	_____

**SECTION 2 – ACCIDENT/INCIDENT DETAILS**

Did the accident occur at an event authorized by the Insured?	<b>Yes</b>	<b>No</b>
If <b>Yes</b> , please answer the following		
Name of Event	_____	
Date of Event	____ / ____ / ____	
Was an Insured participant involved in the accident?	<b>Yes</b>	<b>No</b>
If <b>Yes</b> , please answer the following		
Name	_____	
Address	_____	
Suburb	State _____	Post Code _____

Request Name / Number:

1 of 6 pages

General Liability Accident Claim Form 24062021 V14

SPORTSCOVER™

• Melbourne • Sydney

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## SECTION 2 – ACCIDENT/INCIDENT DETAILS - Continued

Date the incident was reported to you \_\_\_\_\_

By Whom \_\_\_\_\_

Email \_\_\_\_\_

Full details and circumstances of the Accident/Incident. (Please provide a diagram on the attached additional comments page to supplement this information.)

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Was liability admitted?	<b>Yes</b>	<b>No</b>
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If **Yes**, please provide details

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Has any enquiry been held by Police, relative to the accident?	<b>Yes</b>	<b>No</b>
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If **Yes**, please provide details and police reference number

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Were there any charges laid by police?	<b>Yes</b>	<b>No</b>
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If **Yes**, please provide details of investigating officer and station

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Is there any other insurance in place that may respond to this loss?	<b>Yes</b>	<b>No</b>
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If **Yes**, please provide details

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## SECTION 3 – THIRD PARTY DETAILS

Name \_\_\_\_\_

Address \_\_\_\_\_

Post code \_\_\_\_\_

Telephone (AH) \_\_\_\_\_

Telephone (BH) \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

## SECTION 4 – DETAILS OF INJURY, LOSS OR DAMAGE

Extent of 3<sup>rd</sup> party bodily injuries

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Details of 3<sup>rd</sup> party property damage sustained

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*Please attach any demands and correspondents received from the 3<sup>rd</sup> party claimant*

## SECTION 5 – WITNESS STATEMENTS

Please provide names and addresses of all witnesses to the accident

1.	Name	_____		
	Address	_____		
	Suburb	_____	State	_____ Postcode
	Telephone	AH _____	BH	_____
	Email	_____	Mobile	_____
2.	Name	_____		
	Address	_____		
	Suburb	_____	State	_____ Postcode
	Telephone	AH _____	BH	_____
	Email	_____	Mobile	_____
3.	Name	_____		
	Address	_____		
	Suburb	_____	State	_____ Postcode
	Telephone	AH _____	BH	_____
	Email	_____	Mobile	_____

**ADDITIONAL INFORMATION**

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## SECTION 6 - 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.

I acknowledge that any personal information that I have provided and/or will provide to Sportscover Australia Pty Ltd (SCA) (ACN 006 637 903) is necessary for and will be used in the processing, assessing, investigation and/or review of this claim. I hereby authorise SCA and/or its representatives and consent to SCA and/or its representatives and/or consent to SCA or its authorised agent to disclose my personal information to or receive it from an investigator, assessor, surveyor, accountant, employer, past or present, supplier, health service provider, appointed/authorised broker, account broker and/or broker of the entity/body corporate/organisation insured (Insured), State or Federal Authority, lawyer, another insurer or reinsurer (local or overseas), reinsurance broker, witness or another party to the claim. I will be provided with the opportunity to access my personal information (some restrictions and costs may apply). In respect of any complaint I may have regarding my personal information, I can contact the SCA Compliance Officer.

I agree that a photocopy/ scanned copy of this authorisation shall be considered as effective and valid as the original.

I do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail.

Signature

Date

Print Name \_\_\_\_\_

Position \_\_\_\_\_

### Witness

Signature

Date

Print Name

Position

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

To submit this form to Sportscover, press the Submit Claim Form button.

Alternatively, you can save the form and send it via email to:

**[asiapac.claims@sportscover.com](mailto:asiapac.claims@sportscover.com)**

OR, you can send it to the below address:

CLAIMS DEPARTMENT  
SPORTSCOVER AUSTRALIA PTY LTD  
Locked Bag 6003  
Wheelers Hill  
VICTORIA 3151

**CLAIMS HOTLINE: 1300 134 956**