

**IMPORTANT**

**PLEASE READ BEFORE YOU COMPLETE THIS FORM**

1. Fully complete Sections 1 - 5 of the claim form in order to avoid delays with your claim.
2. Ensure you sign the privacy declaration.
3. Please attach ALL documentation relating to the loss.
4. Scan and email the claim form through to [claims@csnet.com.au](mailto:claims@csnet.com.au)

THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY

**Frequently Asked Questions**

**How long will it take to complete my section of the form?**

This should only take about 10 - 15 minutes.

We want to settle your claim for you as quickly as we can.

If insufficient information is provided or if corrections are required this will likely lead to unwanted delays.

How can I check the progress of my claim?

Please contact CSN on (02) 8256 1724 and advise that your query relates to an Liability Claim.

Please provide the claim number you received from the acknowledgement notification.

### CLAIM FORM

#### IMPORTANT: PLEASE READ BEFORE YOU COMPLETE THIS FORM

1. This form consists of several sections. Please provide answers to all of the information required in order to avoid delays with your claim.
2. **Note:** This form can be completed electronically. If completing this form by hand: Please print.
3. The issue of this form is not an admission of liability.

#### SECTION 1: INSURED PERSON'S DETAILS - ALL QUESTIONS REQUIRE COMPLETION

Insured's name	Policy Number
<input type="text"/>	<input type="text"/>

#### Details of Contact Person

Title	Given Name(s)	Family Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Occupation, Trade or Profession	Work Site / Location
<input type="text"/>	<input type="text"/>

Residential Address	Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Email Address (important)	Daytime Contact Number	Alternative Number
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

Do you have any other insurance that will or could cover this incident in whole or part? Yes  No

If yes, please advise in the space provided:

#### SECTION 2: THIRD PARTY'S DETAILS (Party claiming damages against the Insured)

#### 1st Third Party Contact Details

Title	Given Name(s)	Family Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal Address	Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Email Address	Daytime Contact Number	Alternative Number
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

Is this party legally represented? Yes  No

If yes, please provide the firms contact details:

Please explain how this party is involved:

## 2nd Third Party Contact Details

Title	Given Name(s)	Family Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal Address	Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Email Address	Daytime Contact Number	Alternative Number
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

Is this party legally represented? Yes  No

If yes, please provide the firms contact details:

Please explain how this party is involved:

If any other parties are involved please list and explain how they are involved:

### SECTION 3: DETAILS OF LOSS

<b>Date of Loss</b>	Time	AM / PM	<b>Date made aware of Loss</b>	Time	AM / PM
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

Address where loss occurred	Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Explain how the Loss Occurred?

Have you admitted fault or liability for the loss? Yes  No

If yes, please explain how you are at fault:

Were there any other parties at fault? Yes  No

If yes, please provide the parties contact details and how they are at fault:

### 1st Party Contact Details

Name(s)

Email Address

Daytime Contact Number

Alternative Number

Please explain how this party is at fault:

### 2nd Party Contact Details

Name(s)

Email Address

Daytime Contact Number

Alternative Number

Please explain how this party is at fault:

If is any more parties at fault, please provide details on a separate page and attach to the form.

## SECTION 4: WITNESS DETAILS

### Witness (1) Contact Details

Title Given Name(s)

Family Name

Email Address

Daytime Contact Number

Alternative Number

Does this person have a Relationship with the Insured or Third Party? Yes  No

If yes, please explain the relationship:

### Witness (2) Contact Details

Title Given Name(s)

Family Name

Email Address

Daytime Contact Number

Alternative Number

Does this person have a Relationship with the Insured or Third Party? Yes  No

If yes, please explain the relationship:

If is any more witnesses, please provide details on a separate page and attach to the form.

**SECTION 5: PROPERTY DAMAGE (If no property damage, please do not complete this Section)**

What is the property damaged? If possible, please provide the Make, Model, age, design etc.

What type of damage has occurred to the property?

Is the Damaged property repairable?    Yes  No     If yes, please ensure that you provide a technician/repairer report

Has the property been repaired?    Yes  No     If yes, please provide us the invoice.

Approximate cost of the damage:    \$

**IF THE PROPERTY HAS NOT BEEN REPAIRED, PLEASE NOTIFY CSN IMMEDIATELY**

**PLEASE ATTACH ALL PROOF OF DAMAGE AND QUANTUM INCL. PHOTOS,  
SAMPLES, REPORTS, INVOICES, QUOTES**

**SECTION 6: BODILY INJURY (If no Bodily Injury, please do not complete this Section)**

What type of Injury was sustained?

Was the Injured Party Treated?    Yes  No

Approximate age of Injury Party:

If yes, please provide the treating parties details:

Name	Daytime Contact Number	Alternative Number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Details of Treatment

Was Transport used?    Yes  No     If yes, please provide the type of transport used:

Name	Type
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

**PLEASE ATTACH ALL ALL MEDICAL INFORMATION REGARDING THE  
INJURIES SUSTAINED**



## Corporate Services Network (CSN)

CSN is committed to complying with the Privacy Amendment (Enhancing Privacy Protection) Act 2012 which amends the Privacy Act 1988 and has resulted in the introduction of the 13 Australian Privacy Principles (APPs). CSN will ensure that all personal information held is treated in accordance with the Act and the APPs.

All personal information collected is used only for the assessment of a claim or the provision of an insurance related service. In order to affect this, your personal information may be disclosed to or requested from third parties such as an insurer, employer, broker, medical practitioner, Medicare or other parties as required by law.

Consequently, given the placement of this insurance it may be necessary to disclose your personal information to a third party in the UK. If so, we will take reasonable steps to ensure that the overseas recipient of your information will not breach the APPs.

CSN will take all reasonable steps to ensure that personal information held by CSN is secure from any misuse, interference, loss, unauthorised access, modification or disclosure.

CSN has a privacy enquiries and complaints handling procedure to deal with any enquiry or complaint you may have about how we have collected, used or managed your personal information. If you would like to make an enquiry or complaint, please complete the "Privacy Complaint or Query" form that is available on our website at [www.csnet.com.au](http://www.csnet.com.au) and send to [privacy@csnet.com.au](mailto:privacy@csnet.com.au)

Our complete Privacy Policy is located on the above website or can be obtained from us by contacting 612 8256 1770. Both the Privacy Policy and Statement were last updated on 12 March 2014.

## Privacy Authority and Declaration

I understand that by investigating my claim or by accepting proof of the claim, CSN has made no acceptance of liability, nor waived any of its rights in defence of any claim arising under the policy.

I agree to CSN using and disclosing this information pursuant to CSN's Privacy Policy and this document. In the event of any conflict between the documents, this document will be determinative. This consent remains valid unless I alter or revoke it by giving written notice to CSN's Privacy Officer.

I authorise any person or entity, including those referred to above, to provide to CSN such personal information (including health information) as CSN in its absolute discretion considers relevant for its assessment of my claim or my entitlement to benefits.

I will use my best endeavours and render all reasonable assistance and cooperation to CSN in the assessment of the claim. I confirm that any information that I supply will be true and correct and that I will not withhold any information likely to affect the acceptance or handling of my claim.

I understand that if I do not consent to the terms of this authority or revoke my consent, CSN may not be able to process or assess the claim. I appoint CSN to do everything necessary or expedient to give effect to the transactions contemplated by the consents and authorisations in this document and to execute, on my behalf, any documents or to do such acts required to give effect to this Privacy Consent and Authority Declaration.

Signature of Insured:

Date:

Name of Insured:

Signature of Witness (any adult person):

Date:

Name of Witness: