

# Wedding – Accident Claim Form



It is essential that this form be returned directly to Ansvar Insurance, with all questions answered, at the earliest opportunity. Please print your answers and  where appropriate.

Office use only Claim number

## 1. Policyholder details

Payment receipt number

Name/Business name

Policy number

Address

State

Postcode

Date of birth

/  /

Telephone: Home

Telephone: Work

Telephone: Mobile

Email

Occupation

## 2. Accident details

Name of claimant

Address

State

Postcode

Date of accident

/  /

Time

am/pm

Date of wedding

/  /

Description of injury

Describe how and where the accident occurred

Was there a witness to the accident?

Yes

No

If yes, name and address of witness

Name

Address

State

Postcode

Telephone: Home

Telephone: Work

Telephone: Mobile

## 3. Disablement

Dates of total disablement

From

/  /

to

/  /

Dates of partial disablement

From

/  /

to

/  /

**Victoria**  
AD GPO Box 1655  
Melbourne 3001  
FX +61 3 9614 1545

**New South Wales**  
AD PO Box 1410  
Parramatta 2124  
FX +61 2 9687 9564

**Queensland**  
AD GPO Box 747  
Brisbane 4001  
FX +61 7 3221 6721

**South Australia**  
AD PO Box 630  
Fullarton 5063  
FX +61 8 8338 1920

**Western Australia**  
AD PO Box 840  
West Perth 6872  
FX +61 8 9324 2013

**Tasmania**  
AD PO Box 330  
Launceston 7250  
FX +61 3 9614 1545

**4. Have you had a similar condition before?**

Yes  No *If yes, please give details*

**5. Goods and services tax** To ensure you do not incur any unnecessary GST liabilities on this claim complete these details

Are you registered for GST purposes?  Yes  No What is your ABN?

If you have registered and have an ABN, have you claimed or will you be claiming an input tax credit on the GST applicable to this policy?  Yes  No

Is the amount claimed less than 100% of the GST applicable to the premium?  Yes  No Specify the percentage amount claimed  %

**6. Electronic Funds Transfer** Settlement of your claim may involve a cash settlement. Please complete the following if you are interested in an EFT Payment

Account name  BSB number  Account number

**7. Do you have a personal accident policy with another insurer?**

Yes  No *If yes, name and address of company* Name

Address  State  Postcode

**8. I declare that all the information I have given is true and correct**

Signature  Date

**Medical certificate**

**Claims must be supported by the medical evidence obtained at your expense. Please have your medical officer complete this section of the form.**

Date that you first attended claimant for the injury

Will you or the injured person be prevented from attending work?  Yes  No *If yes, details please*

Totally From  to

Partially From  to

Is the claimant suffering from any condition which may tend to delay recovery?  Yes  No *If yes, details please*

Please describe the present condition of the claimant

*If insufficient room, attach separate sheet.*

How long after the accident do you consider: Total disablement will last?

Partial disablement will last?

Having personally examined the claimant I certify that the above statements are correct and that the claimant is disabled by the accident referred to overleaf.

Please print your name

Address  State  Postcode

Signature  Date

Ansvar Insurance is a member of the insurance industry's impartial Insurance Ombudsman Service. This independent service is provided to the insuring public at no cost and aims to resolve claims complaints quickly and informally. In the unlikely event of a complaint arising, you should firstly contact the local Ansvar Insurance Regional Manager. In most cases the problem will be resolved easily. If you are not satisfied with the response given by the Regional Manager you may contact our Internal Dispute Resolution Committee for advice and assistance in resolving your claim.

**Privacy** The information we collect assists us to make a decision on whether we will accept your claim. If you do not provide this information we may be unable to process your claim. We may use third party suppliers (agents, loss adjusters, assessors and mailing houses) to carry out specialised activities on your behalf. These organisations are aware of their obligations under Privacy provisions. At any time you may request access to your personal information and correct it if it is wrong. We value the personal information you give to us and we will take all reasonable precautions to prevent unauthorised access to this information.