

Broadform Liability claims form



How to submit a claim

1. Fill in this form and attach relevant documents.
2. Log into www.insure.mitti.com.au to submit your claim attaching a copy of this form
3. A claims officer will get in touch with you.

Brokerage

Contact Name

Mobile

Work phone

Customer details

Business Name

Policy number

Contact Name

Mobile

Work phone

Email address

Address

State

Postcode

GST Details

Are you registered for Goods Services and Tax (GST) purposes?

No Yes If Yes, what is your Australian Business Number (ABN)?

Have you claimed or do you plan to claim an input tax credit on the GST applicable to this policy's premium?

No Yes If Yes, what is the percentage amount you've claimed or plan to claim?



Third party details

Full name

What is their occupation or name of business?

Mobile

Work phone

Email address

Address

State

Postcode

Has the third party sent you or asked you for anything?

No Yes If Yes, tell us what it is and how they contacted you.

Make sure to attach a copy of the message. It could be a letter, receipt or a screenshot of a text message.

Tell us what happened

Date of the accident

Time of accident

am / pm

When was the accident or incident reported to you?

Date

Time

am / pm

Where did the accident happen? Give an exact location.



Describe the accident or incident.

Give as much detail as you can.

[Large text input area for describing the accident or incident]

Have you or any of your employees, contractors or subcontractors admitted responsibility in any way?

No Yes If Yes, tell us more

[Text input area for details regarding responsibility]

Is the claim related to a product you make, construct, erect, install, repair, service, treat, sell, supply or distribute?

No Yes If Yes, attach a copy of any conditions of sale that come with the product or service to this claim.

Who was the accident reported to?

Full name

[Text input field for full name]

Address

[Text input field for address]

Position

[Text input field for position]

Best contact number

[Text input field for best contact number]



Witnesses

1. Full name

Address

Relationship to insured customer

Contact number

2. Full name

Address

Relationship to insured customer

Contact number

3. Full name

Address

Relationship to insured customer

Contact number

Did officials attend the scene?

Did an official get involved at any point?

- Police Firefighters including volunteers No official attended
 Ambulance/paramedics Other

Are there any other details you'd like to include? For example, police details if they got involved.



Is there anything else you'd like to add?

Privacy

We will collect personal information when you deal with us, our agents, other companies in the QBE group or suppliers acting on our behalf.

We use your personal information so we can do business with you, which includes issuing and administering our products and services and processing claims.

Sometimes we might send your personal information overseas. The locations we send it to can vary but include the Philippines, India, Ireland, the UK, the US, China and countries within the European Union.

Our Privacy Policy describes in detail where and from whom we collect personal information, as well as where we store it and the full list of ways we could use it.

To get a copy of our Privacy Policy please visit www.mitti.com.au/privacy or contact hello@mitti.com.au. It's up to you to decide whether to give us your personal information, but without it we might not be able to do business with you, including not paying your claim.

Contact us

If you have any questions about your claim or this form, please reach out to us.

Email: hello@mitti.com.au

Mail: PO Box 304, Surry Hills NSW 2010

Phone: 1300 164 884

Website: www.mitti.com.au

I'm having an issue

Speak to one of our claims officers if you have a complaint. They can help you.

If the issue still isn't sorted out in a way that you're satisfied with, you can ask for a review.

Reach out to QBE's Customer Relations Department on **1300 650 503** to ask for a review or email complaints@qbe.com.

Please read your Product Disclosure Statement for more information about resolving complaints.

Declaration

I/We acknowledge that I/We have read and agree to the privacy consent and authorisation documented at www.mitti.com.au/privacy.

I/We declare all the above details are true in every respect to the best of my/our knowledge and belief.

I/We acknowledge that a claim may be refused and/or the policy may be cancelled if the answers or information I/We provide is untrue, inaccurate or concealed.

Signature of insured customer

Date

