



American Home Assurance Company
ABN 67 007 483 267
Incorporated with Limited Liability in the USA
A Member of American International Group, Inc.

Melbourne: 549 St. Kilda Road, Vic. 3004. (03) 9522 4000 GPO Box 4363, Melbourne 3001.
Sydney: Level 19, Citigroup Centre, 2 Park Street, Sydney, NSW 2000. (02) 9240 1711
Brisbane: Level 32, 10 Eagle Street, QLD 4000. (07) 3220 0700
Perth: Level 13, Allendale Square, 77 St. George's Terrace, WA 6000. (08) 9202 1366

LIABILITY CLAIM FORM

Name of insured / policy holder _____
Policy Number _____
Address _____
Contact Person _____
Contact Telephone Number _____
Contact Email Address _____
ABN _____
What percentage of the GST has been claimed on the premium? _____ %

Claimant's Name _____
Claimant's Address _____
Claimant's Telephone Number _____
Claimant's Date of Birth (where applicable) _____

When did the loss / accident occur? _____
Where did the loss / accident occur? _____
When was the loss / accident first reported to you? _____

Please provide us with a brief description of the loss or accident.

Please provide a brief description of injuries (where applicable).

Please provide a brief description of property damaged, including approximate value (where applicable).

Please provide details of any witnesses.

Have any claims been made? If yes, please provide details.

Please forward all claims and other relevant correspondence to:

The Casualty Claims Manager
American Home Assurance Company
549 St Kilda Road
Melbourne Victoria 3004
Fax (03) 9522 4974

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