



Claim Assessment Form

Claimant's details

Full name:

Date of Birth:

Address:

Email:

Phone:

Incident details

1. Time, date and location of incident

Time and date:

Location:

2. Description of the incident

3. What is the damage from the incident and do you have any proof of that damage?

Damage:

Proof of damage:

Supporting information

4. Have you attached any photos taken of the damage, the surrounding area, or any other thing(s) that may have caused/contributed to the damage?

Yes

No

5. Have you attached any other supporting information which may assist GPC in assessing your claim (e.g. a map of the area where the incident occurred)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Response by GPC

Once we receive this information, we will aim to respond to you within 21 business days, subject to GPC not requiring any further information. Your response can be provided by return email to GenInfo@gpcl.com.au.

Declaration

I/We declare that all the particulars stated above and statements made are true and correct, that no information relevant to this claim has been withheld and that no other person(s) have an interest of any kind.

I/We agree to the collection and handling of my/our personal information (including health/injury information where relevant) for the purpose of assessing and managing my claim and as described in the GPC Privacy Policy (available via gpcl.com.au and on request). This may include conducting further investigation of the claim such as contacting witnesses and other affected persons. The GPC Privacy Policy also contains further details of how and where GPC may send personal information, how to access and correct personal information GPC holds, and how privacy complaints are handled. If I/we provide personal information to GPC about any other person, I/we have obtained their consent to do so based on this paragraph.

If you are completing this form on behalf of a person under the age of 18, you declare that you are the parent or guardian of the claimant and that you consent to submit this form on their behalf.

Disclaimer: *If any of the above information is alleged to be fraudulent, GPC reserves its rights to disclose some or all of the relevant information to The Insurance Fraud Bureau of Australia, any relevant insurer or Queensland Police for further investigation.*

Full name:

Sign:

Date: