



**TRESIDDER**  
INSURANCE BROKERS



Audax Australia Cycling Club Inc.

## **MEMBER LIABILITY CLAIM FORM**

**Send all documentation to:**

Dion Lawson

Tresidder Insurance Group

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# AUDAX LIABILITY CLAIM FORM

## AUDAX MEMBER

Name of Insured Member: .....

Membership Number: .....

Commencement of Membership: ..... Expiry of Membership: .....

Address: .....

Profession, Occupation, Trade or Business: .....

Telephone (AH): ..... BH: .....

## GENERAL INFORMATION OF POTENTIAL CLAIM

1. Do you have house and/or contents insurance? .....

2. Have you made a claim on your house and/or contents insurance and what was the outcome? .....

3. Date of Occurrence? .....

4. Time of Occurrence? .....

5. Exact Place/Location of Occurrence? .....

6. Did Occurrence Cause:

a) Personal injury to another person(s)?

b) Property Damage (vehicles, etc)?

c) Both A & B?

7. Were you at the time of Occurrence riding a bike?

8. If No, how was damage to property or personal injury caused? .....

9. For what purpose were you riding at the time of Occurrence:

a) Work (eg: courier, business travel)?

b) Commuting?

c) Recreation?

d) Competition?

e) Training?

f) General Transport (eg: riding to school)?

**g) Other (Please specify)**.....

10. Were you at the time of Occurrence riding:

- a) on a footpath?
- b) on a public road?
- c) on a shared use pathway?
- d) on a Velodrome?
- e) other, please describe? .....

11. Do you believe you were doing anything illegal at the time of Occurrence?  
(Eg: riding in the wrong direction on a one way street or riding under the influence of alcohol and/or drugs)?

- NO
- YES, Please describe .....

12. Did you have any prior relationship with or did you know the third party before the Occurrence?

- NO
- YES, Please describe .....

13. If after sundown and/or before sunrise, were you fitted with the legally required front and rear lamps?

- NO
- YES, Please describe .....

14. Has any claim, verbal or written, been made against you?

- NO
- YES, Please describe (attach correspondence from Third Parties).....

15. Do you consider you were at fault?

NO, Please explain why not .....

YES, Please explain why .....

16. Did you admit liability or fault?

YES  NO

17. Did third party admit liability or fault?

YES  NO

18. What remarks, if any, were made by you or the Third Party with regard to the Occurrence?

a) You .....

.....

.....

b) Third Party .....

.....

.....

19. Has the Occurrence been reported to the Police? (Occurrences involving personal injury or public property require notification to the Police).

NO

YES, Provide details of the Police Station and/or Police Officer which the Occurrence was reported at/to: .....

.....

20. Were there any witnesses present at the time of Occurrence?

NO

YES, Please advise name, address & contact details: .....

.....

21. Have you made any other liability insurance claims in the past five (5) years?

NO

YES, Please describe .....

.....

**THIRD PARTY PERSONAL INJURY (IF APPLICABLE)**

Name (of Third Party): .....

Address: .....

Age: ..... Sex: .....

Trade, Occupation, Business or Profession: .....

Telephone AH.: ..... BH.: ..... Mobile: .....

22. What injuries did the Named Third Party sustain as a direct result of the Occurrence?  
(Please also complete the diagram provided overleaf).

.....  
.....

23. Your estimate speed of travel at time of Occurrence: .....

24. In your opinion does the personal injury claim sustained by the third party appear correct?

YES

NO, Please explain why: .....

.....

25. Do you believe the Third Party's claim and circumstances stated in their claim is consistent with your recollection of the Occurrence?

YES

NO, Please explain why: .....

.....

**THIRD PARTY PROPERTY DAMAGE (IF APPLICABLE)**

Name: .....

Address: .....

Age: ..... Sex: .....

Telephone AH: ..... BH: ..... Mobile: .....

If motor vehicle damage, name and address of driver if different from owner: .....

.....

26. What property was damaged as a direct result of the Occurrence  
(Please complete the diagram provided overleaf)? .....

.....

27. Details of Vehicle: Make: ..... Model: .....

Year of Manufacturer: ..... Colour: ..... Rego No: .....

28. Your estimate speed of travel at time of Occurrence: .....

29. Do you believe the third party's claim and circumstances stated in their claim is consistent with  
your recollection of the damage incurred and overall Occurrence?  
(ie: value of repairs, repaired items)?

YES

NO, Please explain why: .....

.....

**OTHER INSURANCE**

30. At the time of the accident, did you or a member of your family have a Domestic House and/or Contents Insurance Policy?

NO, Go to Question 32.

YES, Please provide details of Insurer and Policy Number:.....

.....

31. Have you tried to lodge a claim with another insurer who may be providing Liability Insurance for this accident such as an Insurer for House and/or Contents Insurance?

NO,

YES, Please provide details of when you lodged the claim and the name of the Insurer's contact details:.....

.....

**DRAWING OF ACCIDENT**

32. **Applicable to both personal injury and property damage**  
Sketch a diagram of the Occurrence:

1. Name Streets
2. Indicate direction of travel of all parties
3. You
4. Third Party Pedestrian
5. Third Party Vehicle

Declaration:

I do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail and that no information relevant to this claim has been withheld.

Signature		Date	
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