

# Claim form General



The company does not admit liability by the issue of this form.  
It is issued to enable the insured to lodge a written statement of claim

Branch
Policy No.
Due Date

Broker/Agent
Address

CLAIM NO. (Office use only)  TYPE OF INSURANCE COVER

### Important information

- Do not admit liability - Ask for any claim to be put in writing and refer all correspondence to ZURICH AUSTRALIAN INSURANCE LIMITED.
- Make sure you give us all the details about your claim. Attach a separate sheet if you have insufficient space on this form.
- Send all quotations you have received to repair or replace damaged property or invoices or receipts if the goods have already been repaired.

In the event of a Claim, Zurich Australian Insurance Ltd will:

- Within 10 business days of receipt of your claim, notify your broker (or you) of our decision as to whether the claim has been accepted or not or, advise you if we require additional information and/or notify you within 5 days if we have appointed a loss adjuster/loss assessor.
- For claims where additional information is required, we will make a decision within 20 business days, dependant upon the time required for you (or other independent parties) to respond to a request for additional information.
- In some cases, due to unusual circumstances or the complexity of a claim, these timeframes may not be practical and we will agree an alternate timeframe with your broker or you to make a decision on your claim. If we cannot reach an agreement, you are able to access our complaints handling procedures.

**Brokers please note: You can monitor the progress of a claim via Zurich Claims Online 24 hours a day, 7 days per week.**

### Privacy

- We need personal information about you to assess your claim. We will, where relevant, disclose your personal information (other than sensitive information such as health information) to your adviser (and any licensee or broker he or she represents), to our service providers (including loss adjusters and investigators), other insurers, insurance reference bureaus and our business partners for this purpose;
- Where relevant, to assess your claim we will also disclose personal information, including sensitive information about you such as health information, to medical practitioners, other health professionals, other insurers and reinsurers, legal representatives, and other consultants. By signing this Claim Form, you consent to those organisations and other professionals collecting, and us disclosing sensitive information about you for this purpose;
- In some cases, assessment and settlement of the claim is undertaken in conjunction with our insured. For example, we may act as an agent for our insured or the cost of claims may be shared between us and our Insured. In these cases, your personal and/or sensitive information will be shared between us and our insured (or their representatives) for the purpose of managing the claim;
- A list of the type of service providers, business partners and consultants we commonly use is available on request, or on our website - go to [www.zurich.com.au](http://www.zurich.com.au) and click on the Privacy link on our home page;
- If you do not provide the requested information or consent to its collection and disclosure as described above, the assessment of your claim may be delayed or we may not accept the claim;
- We may also disclose personal information about you where we are required or permitted to do so by law;
- In most cases, on request, we will give you access to the personal information we hold about you;
- If you would like to find out more, you can contact us by telephone on 132 687, e-mail us at [Privacy.Officer@zurich.com.au](mailto:Privacy.Officer@zurich.com.au) or write to 'The Privacy Officer' at Zurich Financial Services Australia Limited, PO Box 677, North Sydney, 2059. Please provide details of your policy number/s and/or claim number where known.

### Insured

Name of Insured		
Address		State                      Postcode
What is your ABN		What is your ITC% for this risk                      %
Occupation		Date of birth                      /                      /
Phone number (Private)		(Business)
Date of incident	/                      /	Time                      am/pm
Where did the accident occur?		
Describe as fully as possible how the incident occurred.		
Do you consider any other party responsible for the incident?    Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', give details		

ZU07392-4/06 - JMOY-6NY8MV-2006

**Please fill in all relevant sections (Please PRINT your answers)**

Are you the sole owner of the property lost or damaged? Yes  No

If 'No', give full details of the owners or part owners

.....

.....

.....

Do you hold any other insurances under which a claim for this incident may be made? Yes  No

If 'Yes', give full details

.....

.....

.....

Have you previously (in past 3 years) made a claim against any insurance company? Yes  No

**Schedule of property**

Description of property lost or damaged (state each article/item separately)	When and where purchased	Purchase price \$	Present cost of replacement	Depreciation for age and condition	Amount claimed
.....	.....	\$	.....	.....	\$
.....	.....	\$	.....	.....	\$
.....	.....	\$	.....	.....	\$
.....	.....	\$	.....	.....	\$
.....	.....	\$	.....	.....	\$
.....	.....	\$	.....	.....	\$
.....	.....	\$	.....	.....	\$
.....	.....	\$	.....	.....	\$
<b>Total amount claimed</b>					<b>\$</b>

**Special Risks, Burglary and Theft, Malicious Damage Claims.**

**Note: Police complaint acknowledgement forms to be attached to all cases of theft or loss.**

Have police been informed of the incident? Yes  No

Police Station reported to

Report Number

If 'No', please give reason

.....

.....

.....

Has the loss been advertised in the newspaper? Yes  (please attach newspaper cutting) No

Details of any other steps taken to recover the article

.....

.....

.....

Describe the method of entry and the damage caused to the building

.....

.....

.....

When were the premises last occupied?

.....

.....

.....

Who was on the premises at the time of loss?

.....

.....

.....

**For Glass, Wash Basin and Lavatory Pan Breakage Claims Only**

Was the glass, basin, etc., cracked prior to the incident? Yes  No  If so, state date / /

**For fire or impact by vehicle claims only**

If a dividing fence or party wall was damaged, give name and address of joint owner

.....  
.....  
.....

If damage was caused by a vehicle, give details of owner/driver and vehicle registration number

.....  
.....  
.....

**For storm and tempest and water damage claims only**

**Note: Do not delay in taking necessary action, such as emergency repairs, to prevent further damage**

What steps have been taken to minimise damage?

.....  
.....  
.....

Has the building been physically damaged? Yes  No

If 'Yes', give details (e.g. roof sheeting and/or tiles damaged)

.....  
.....  
.....

If there has been no physical damage to the building, give details of how water entered the premises

.....  
.....  
.....

**Evidence of ownership and value**

Please attach your receipts or other documents to establish evidence of ownership and the value of each item. In cases of equipment or property e.g. bicycles, television receivers, supply evidence of serial numbers for our confirmation to manufacturers and the police. Damaged property must not be disposed of until authorised by Zurich Australian Insurance Limited.

**WARNING: Wilful or reckless exaggeration or inflation of the amount claimed may forfeit the claim.**

**Declaration**

I/We declare that all the particulars stated above and statements made in support thereof are true and correct, that no information relevant to this claim has been withheld, that no other person(s) have an interest of any kind in the said property and that all conditions and stipulations of the policy have been complied with.

I/We hereby claim from the Company in respect of the said loss, damage or accident and declare that the amount claimed above is based on a true value at time of the loss.

Signature

X

Date

/ /

