

Claim form Liability



This form is issued by the Company to enable the Insured to lodge a written statement of a claim for indemnity under the policy. It does not constitute admittance of a liability to indemnify.

Please note that all sections of the claim form are to be completed by the Insured and that failure to provide complete information may delay the processing of the claim.

If there is insufficient space on this form please attach extra material as necessary.

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 we will 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 if we have appointed a loss assessor/Investigator.
- 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. If we are reasonably satisfied that all the relevant information pertaining to the claim has been made available, we will then decide to accept or deny the claim and notify you of our decision within the above timeframe.
- In some cases, due to unusual circumstances or the complexity of a claim (such as liability claims), 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.
- Please be aware that in accordance with the General Insurance Code of Practice, these standards will not apply if any person who may be entitled to benefits under the policy has commenced proceedings in any court, tribunal or any other dispute handling process (other than the Insurance Ombudsman Service) in respect of this claim.

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 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 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 | | |
| Business or Trading name | | |
| Policy number | | |
| Address | State | Postcode |
| Postal address | State | Postcode |
| Occupation | | |
| Contact name | | |
| Phone number – Private | Business | Mobile |
| Facsimile | Email | |

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Goods and Services Tax

Are you registered for GST purposes? YES NO

What is your Australian Business Number (ABN)?

What percentage of the GST paid on the policy premium were you entitled to claim as an Input Tax Credit? %

Please note that GST legislation requires that this information be provided when a claim is notified. However, it is not used in determining acceptance of a claim, nor will it be released to other parties.

Have you received a formal demand or claim from another person? Yes No

If 'Yes', has all correspondence including demands, contracts, quotes and invoices been attached? Yes No

Please note that any further correspondence or documentation received in relation to this claim should also be forwarded for attention.

Details of Accident/Incident

Date / / Time am/pm Day

Location of incident/ accident

Please provide a description of the accident/incident

Please provide details of damaged property and/or injuries suffered

Have you admitted responsibility/ liability for the incident? Yes No

Does the claim involve a product that you manufactured or supplied to another person? Yes No

If 'Yes', please provide details

Were emergency services such as ambulance, police or fire brigade contacted? Yes No

If 'Yes', please provide details and attach reports if available

Did the accident or injury arise out of the use of a motor vehicle? Yes No

Was the motor vehicle registered or required to be registered? Yes No

If unregistered, was the vehicle insured under a motor vehicle or other insurance policy? Yes No

Do you believe that another party or person is responsible? Yes No

If 'Yes', please provide details

Details of party or parties making claim against you

| | | | |
|------------------------|----------|--------|----------|
| Name | | | |
| Address | | State | Postcode |
| Phone number – Private | Business | Mobile | |
| Solicitor's name | | | |

Witnesses

| | | | |
|---|----------|--------|----------|
| Name | | | |
| Address | | State | Postcode |
| Phone number – Private | Business | Mobile | |
| Relationship (eg. employee, family, friend, previously unknown) | | | |
| Name | | | |
| Address | | State | Postcode |
| Phone number – Private | Business | Mobile | |
| Relationship (eg. employee, family, friend, previously unknown) | | | |
| Name | | | |
| Address | | State | Postcode |
| Phone number – Private | Business | Mobile | |
| Relationship (eg. employee, family, friend, previously unknown) | | | |
| Name | | | |
| Address | | State | Postcode |
| Phone number – Private | Business | Mobile | |
| Relationship (eg. employee, family, friend, previously unknown) | | | |

Declaration

I declare that all information provided in respect of this claim is true and correct and that no relevant information has been withheld.

Name (Please print)

| | |
|-----------|------|
| Signature | Date |
| X | / / |