

CLAIM FORM

General

The Company does not admit Liability by the issue of this Form. It is issued to enable the Insured to lodge their written statement of claim.



CLAIM NUMBER

OFFICE USE ONLY





THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM. IT IS ISSUED TO ENABLE THE INSURED TO LODGE THEIR WRITTEN STATEMENT OF CLAIM.

Policy No.

Due Date

 / /

Broker/Agent

Address

Postcode

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 other insurers, insurance reference bureaus, to our service providers (including loss adjusters and investigators) 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, 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;
- 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

Full Name of Insured

Address

Postcode

Occupation

Phone No. (Business)

 ()

Phone No. (Home)

 ()

Your Business' ABN

Percentage Input Tax credit entitlement for GST

 %

1. Date loss, damage or accident occurred

 / /

Time

 am/pm

2. Where did it occur?

3. Describe as fully as possible how loss, damage or accident occurred, when discovered, nature of damage

NOTE: ALL QUESTIONS AND DECLARATION MUST BE COMPLETED.

INSURED (continued)

4. Do you consider any other party responsible for the loss? YES NO

(If YES, give details)

5. Are you the sole owner of the property lost or damaged? YES NO

(If NO, give full details of the owners or part owners)

6. Do you hold any other insurances under which a claim for this loss or accident may be made? YES NO

(If YES, give full details)

7. Have you previously (in past 3 years) made a claim against any insurance company? YES NO

(If YES, give full details)

SUPPLEMENTARY QUESTIONS TO BE COMPLETED WHERE APPLICABLE

Special Risks, Personal Valuables, Burglary and Theft, Malicious Damage Claims.

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

8. Have police been informed of the loss? YES NO

Police Station reported to

Report No.

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If NO, please give reason

9. Details of any other steps taken to recover the article

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

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SUPPLEMENTARY QUESTIONS TO BE COMPLETED WHERE APPLICABLE (continued)

11. When were the premises last occupied?
12. Who was on the premises at time of loss?
13. If premises occupied as unit or flat had other tenants access to area? YES NO

For Glass, Wash Basin and Lavatory Pan Breakage Claims Only

14. Was the glass, basin, etc., cracked prior to accident? YES NO If YES, state date / /

For Fire or Impact by Vehicle Claims Only

15. If a dividing fence or party wall was damaged, give name and address of joint owner:
16. 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.

17. What steps have been taken to minimise damage?
18. Has the building been physically damaged? YES NO
If YES, give details (e.g. roof sheeting and/or tiles damaged)
19. 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 the Company.

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

DECLARATION - READ CAREFULLY BEFORE SIGNING

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

DATE



FOR MORE INFORMATION PLEASE

Contact your IBNA Insurance Broker

ZURICH AUSTRALIAN INSURANCE LIMITED

ABN 13 000 296 640, AFS Licence No. 232507

5 Blue Street North Sydney NSW 2060