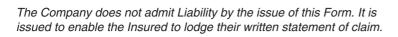
CLAIM FORM

General





CLAIM NUMBER		

OFFICE USE ONLY



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.

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 Ta	x 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, dama	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? (If YES, give details)	YES NO]	
			-	
5.	Are you the sole owner of the property lost or damaged? (If NO, give full details of the owners or part owners	YES NO]	
			- -	
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	
			_	
7.	Have you previously (in past 3 years) made a claim against any insurance company? (If YES, give full details)	YES NO		
			- -	
	UPPLEMENTARY QUESTIONS TO BE COMPLETED WHERE APPLICABLE ecial Risks, Personal Valuables, Burglary and Theft, Malicious Damage Claims.			
	te: Police complaint acknowledgement forms to be attached to all cases of theft or loss.			
8.	Have police been informed of the loss?	YES NO	٦	
	Police Station reported to Report No.			
	If NO, please give reason		_ _	
			_	
9.	Details of any other steps taken to recover the article			
10.	Describe the method of entry and the damage caused to the building			

	JPPLEMENTARY QUESTIONS TO BE COMPLETED WHERE APPLICABLE (continued) When were the premises last occupied?		
	Who was on the premises at time of loss?		
	If premises occupied as unit or flat had other tenants access to area?	YES	NO
	Glass, Wash Basin and Lavatory Pan Breakage Claims Only		
	Was the glass, basin, etc., cracked prior to accident? YES NO If YES, state date	/	/
	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		
	Storm and Tempest and Water Damage Claims Only		
	e: Do not delay in taking necessary action, such as emergency repairs, to prevent further damage.		
I	What steps have been taken to minimise damage?		
	Has the building been physically damaged? If YES, give details (e.g. roof sheeting and/or tiles damaged)	YES	NC
	If there has been no physical damage to the building, give details of how water entered the premises:		
٧	VIDENCE OF OWNERSHIP AND VALUE		
C	ase attach your receipts or other documents to establish evidence of ownership th item. In cases of equipment or property e.g. bicycles, television receivers, su ial numbers for our confirmation to manufacturers and the police. Damaged prop	upply evic	lend
1	posed of until authorised by the Company.		
F			
F	RNING: Wilful or reckless exaggeration or inflation of the amount claimed may	forfeit th	e c
ξ. (RNING: Wilful or reckless exaggeration or inflation of the amount claimed may ECLARATION - READ CAREFULLY BEFORE SIGNING e declare that all the particulars stated above and statements made in support thereof are true	and correct	ct, th
r e	RNING: Wilful or reckless exaggeration or inflation of the amount claimed may ECLARATION - READ CAREFULLY BEFORE SIGNING educate that all the particulars stated above and statements made in support thereof are true remation relevant to this claim has been withheld, that no other person(s) have an interest of any kind in all conditions and stipulations of the policy have been complied with.	and correctine said pro	ct, th
r e	RNING: Wilful or reckless exaggeration or inflation of the amount claimed may ECLARATION - READ CAREFULLY BEFORE SIGNING educate that all the particulars stated above and statements made in support thereof are true rmation relevant to this claim has been withheld, that no other person(s) have an interest of any kind in all conditions and stipulations of the policy have been complied with.	and correct the said programme the said programme amount clair	ct, th

ITEM	WHEN PURCHASED	ORIGINAL COST	REPLACEMENT COST



FOR MORE INFORMATION PLEASE

Contact your IBNA Insurance Broker

ZURICH AUSTRALIAN INSURANCE LIMITEDABN 13 000 296 640, AFS Licence No. 232507

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