

Claim form

# Machinery Breakdown Deterioration of Stock/Fusion



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



# Machinery Breakdown Deterioration of Stock/Fusion



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CASE/CLAIM NUMBER

**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 details – Please print you answers**

Full name of insured – Mr, Mrs, Miss, Ms

Surname	Given name(s)	
.....		
Address	State	Postcode
.....		
ABN <input type="text"/>	ITC% <input type="text"/>	% <input type="text"/>
.....		
Occupation	Date of birth	/ /
.....		
Phone number – Private	Business	
.....		
Mobile	Fax	
.....		
Policy Number	Date of loss	/ / Time am/pm
.....		

**Where did loss occur?**

**Describe as fully as possible how loss occurred**

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ZU007573-6/06 - JMOY-6PV7LW-Z006





FOR MORE INFORMATION PLEASE

Contact your IBNA Insurance Broker