



Liability

Claim form

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

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.

General Insurance Code or Practice

Zurich Australian Insurance Ltd is a signatory to the General Insurance Code of Practice. For more information about the General Insurance Code of Practice please go to www.zurich.com.au and select About Zurich.

Brokers please note: You can monitor the progress of a claim via Zurich Claims Online 24 Hours a Day, 7 days a week.

Privacy

Zurich is bound by the Privacy Act 1988 (Cth). Before providing us with any Personal or Sensitive Information ('Information'), you should know that:

We collect, use, process and store Personal Information and, in some cases, Sensitive Information about you such as health information, in order to comply with our legal obligations, assess your application and, if your application is successful, to administer the products or services provided to you, to enhance customer service and product options and manage a claim ('purposes').

If you do not agree to provide us with the Information, we may not be able to process your application, administer your policy or assess your claims.

By providing us or your intermediary with your Information, you consent to our use of this Information and where relevant for the purposes, you consent to our disclosure of your Personal Information, including your Sensitive Information, to your intermediary, affiliates of the Zurich Insurance Group Ltd, other insurers and reinsurers, our service providers, our business partners, medical and health practitioners, government offices and agencies, regulators, law enforcement bodies, your employer, Workcover authorities and as required by law within Australia or overseas.

Zurich may obtain Information from government offices, the parties listed above and third parties to administer policies and assess a claim in the event of loss or damage.

In most cases, on request, we will give you access to personal information held about you. In some circumstances, we may charge a fee for giving this access, which will vary but will be based on the costs to locate the information and the form of access required.

For further information about Zurich's Privacy Policy, a list of service providers and business partners that we may disclose your Information to, a list of countries in which recipients of your Information are likely to be located, details of how you can access or correct the Information we hold about you or make a complaint, please refer to the Privacy link on our homepage – www.zurich.com.au, contact us by telephone on 132 687 or email us at Privacy.Officer@zurich.com.au

1 Insured details

Name

Business or Trading name

Policy number

Address State Postcode

Postal address State Postcode

Occupation

Contact name

Phone number – Private Business Mobile

Facsimile Email

2 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.

3 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

4 Details of party or parties making claim against you

Name

Address State Postcode

Phone number – Private Business Mobile

Solicitor's name

5 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)

6 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)

Signed	Date
X	/ /