



# 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 of 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](http://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

- 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.

## 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	/ /