



ZURICH

Because life changes.

Liability

YOUR PRIVACY

Privacy laws, effective 21 December 2001, require us to make the following disclosures before collecting personal information about You after that date:

- We require personal information about You to assess Your Claim. We may 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) and Our business partners for this purpose;
- We may also disclose personal information including sensitive information about You such as health information to medical practitioners, other health professionals, reinsurers, legal representatives and other consultants. By signing this Claim Form, You consent to Us and those organisations and other professionals collecting and disclosing sensitive information about You;
- 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 pay the Claim;
- We may also disclose personal information about You as required or permitted by law;
- in most cases, on request, We will give You access to the personal information We hold about You;
- You may contact Us regarding your privacy concerns by telephone on 132 687, e-mail Us at Privacy.Officer@zurich.com.au or by writing to "The Privacy Officer" at Zurich Financial Services Australia Limited, P.O. Box 677, North Sydney, 2059. Please provide details of Your policy number/s and/or claim number where known.

Claim Form

Liability Claim Form



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This form is issued by the Company to enable the Insured to lodge a written statement of a claim for indemnity under the policy. It does not constitute admittance of a liability to indemnify.

Please note that all sections of the claim form are to be completed by the Insured and that failure to provide complete information may delay the processing of the claim.

If there is insufficient space on this form please attach extra material as necessary.

Please fill in all relevant sections

Name

Business or Trading Name

Policy Number

Address Postcode

Postal Address Postcode

Occupation

Contact Name

Phone Number: Private () Business () Mobile

Facsimile () Email

Goods and Service 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.

Details of Accident/Incident

Date / / Time am/pm Day

Location of incident/ accident

Please provide a description of the accident/incident

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Details of Accident/Incident (continued)

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

Details of party or parties making claim against you

Name

Address Postcode

Phone Number: Business () Mobile

Solicitor's Name

Witnesses

Name

Address Postcode

Phone Number: Private () Business () Mobile

Relationship (eg. employee, family, friend, previously unknown)

Name

Address Postcode

Phone Number: Private () Business () Mobile

Relationship (eg. employee, family, friend, previously unknown)

Name

Address Postcode

Phone Number: Private () Business () Mobile

Relationship (eg. employee, family, friend, previously unknown)

Name

Address Postcode

Phone Number: Private () Business () Mobile

Relationship (eg. employee, family, friend, previously unknown)

Declaration

I declare that all information provided in respect of this claim is true and correct and that no relevant information has been withheld.

SIGNATURE

DATE

Name (Please print)

Please do not hesitate to contact us should you have any queries or wish to discuss the claim.