



# General

## Claim form

All relevant sections are to be answered in full. Please print your answers. The company does not admit liability by the issue of this form.

It is issued to enable the insured to lodge a written statement of claim.

Claim No. (Office use only)

Type of insurance cover

Branch
Policy No.
Due date
Broker/Agent
Address

### 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

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](http://www.zurich.com.au), contact us by telephone on 132 687 or email us at [Privacy.Officer@zurich.com.au](mailto:Privacy.Officer@zurich.com.au)

## 1 Insured details

Name of Insured .....

Address ..... State Postcode

What is your ABN ..... What is your ITC% for this risk %

Occupation ..... Date of birth / /

Phone number (Private) (Business)

Date of incident / / Time am  pm

Where did the accident occur?

Describe as fully as possible how the incident occurred.

.....  
.....

**1 Insured details (continued)**

Do you consider any other party responsible for the incident?

Yes  No  If 'Yes', give full details

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.....

Are you the sole owner of the property lost or damaged?

Yes  No  If 'No', give full details of the owners or part owners

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Do you hold any other insurances under which a claim for this incident may be made?

Yes  No  If 'Yes', give full details

.....

.....

Have you previously (in past 3 years) made a claim against any insurance company?

Yes  No

**2 Schedule of property**

Description of property lost or damaged (state each article/item separately)	When and where purchased	Purchase price	Present cost of replacement	Depreciation for age and condition	Amount claimed
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
<b>Total amount claimed</b>					<b>\$ 0</b>

**Special Risks, Burglary and Theft, Malicious Damage Claims.**

**Note: Police complaint acknowledgement forms to be attached to all cases of theft or loss.**

Have police been informed of the incident?

Yes  No

Police Station reported to

Report Number

If 'No', please give reason

.....

.....

Has the loss been advertised in the newspaper? Yes  (please attach newspaper cutting)

No

Details of any other steps taken to recover the article

.....

.....

Describe the method of entry and the damage caused to the building

.....

.....

When were the premises last occupied?

.....

.....

Who was on the premises at the time of loss?

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.....

**2 Schedule of property (continued)**

**For Glass, Wash Basin and Lavatory Pan Breakage Claims Only**

Was the glass, basin, etc., cracked prior to the incident? Yes  No  If so, state date / /

**For fire or impact by vehicle claims only**

If a dividing fence or party wall was damaged, give name and address of joint owner

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If damage was caused by a vehicle, give details of owner/driver and vehicle registration number

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**For storm and tempest and water damage claims only**

**Note: Do not delay in taking necessary action, such as emergency repairs, to prevent further damage**

What steps have been taken to minimise damage?

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.....

Has the building been physically damaged? Yes  No  If 'Yes', give details (e.g. roof sheeting and/or tiles damaged)

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.....

If there has been no physical damage to the building, give details of how water entered the premises

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**3 Evidence of ownership and value**

Please attach your receipts or other documents to establish evidence of ownership and the value of each item. In cases of equipment or property e.g. bicycles, television receivers, supply evidence of serial numbers for our confirmation to manufacturers and the police.

Damaged property must not be disposed of until authorised by Zurich Australian Insurance Limited.

**WARNING: Wilful or reckless exaggeration or inflation of the amount claimed may forfeit the claim.**

**4 Declaration**

I/We declare that all the particulars stated above and statements made in support thereof are true and correct, that no information relevant to this claim has been withheld, that no other person(s) have an interest of any kind in the said property and that all conditions and stipulations of the policy have been complied with.

I/We hereby claim from the Company in respect of the said loss, damage or accident and declare that the amount claimed above is based on a true value at time of the loss.

Signature of insured

Date

X

/ /

