

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



YOUR 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 Co-Insurers, to Our service providers (including loss adjusters and investigators) 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, co-insurers, 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;
- 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 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 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.

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BUSINESS INSURANCE

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.

PLEASE FILL IN ALL RELEVANT SECTIONS (PLEASE PRINT YOUR ANSWERS)

Name of Insured

Postal Address

Postcode

Occupation

Your Business' ABN

What is your ITC% for this risk

 %

Phone Number (Private)

 ()

(Business)

 ()

Policy Number

Date of Loss

 / /

Time

am/pm

Where did loss occur?

Describe as fully as possible how loss occurred

Do you consider any other party responsible for the loss?

YES NO

If "YES", please state why?

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

YES NO

If "NO", give details of other owners or part owners

Do you hold any other insurances under which a claim for this loss may be lodged?

YES NO

If "YES", please give details

Name and type of appliance to which motor is attached

Who was it purchased from?

Date of Purchase

 / /

Price

 \$

Is the motor under a manufacturers warranty?

YES NO

If "YES", has a claim been made under the warranty?



FOR MORE INFORMATION PLEASE

Contact your IBNA Insurance Broker

ZURICH AUSTRALIAN INSURANCE LIMITED

ABN 13 000 296 640

5 Blue Street North Sydney NSW 2060