



# Specified Items

## Claim form

### Privacy

We collect, use, process and store personal information and, in some cases, Sensitive Information about you in order to comply with our legal obligations and in order to assess your claim ('purposes'). By providing us or your intermediary with your Information, you consent to our use of this Information which includes us disclosing your Information where relevant for the purposes, to your intermediary, affiliates of the Zurich Insurance Group Ltd, other insurers and reinsurers, to our service providers (including loss adjusters and investigators), insurance reference bureaus, our business partners or as required by law within Australia or overseas. 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.

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

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### Please provide the following information/documentation where possible with your claim form

- Quotation for repair/replacement
- Inventory list
- Any other evidence of loss or damage – including photographs.

### 1 Insured details

Policy number ..... Claim number .....

Insured name .....

Address ..... State ..... Postcode .....

Contact name .....

Contact number/s .....

Email .....

### 2 GST declaration

Are you registered for GST? Yes  No  If 'Yes', please provide ABN number .....

Have you claimed an input tax credit on the GST amount applicable to this policy? Yes  No

If 'Yes', is the amount claimed less than 100%? Yes  No

If 'Yes', please advise percentage of GST claimed is applicable to the premium ..... %

### 3 Claim information

Date of loss/damage ..... / ..... / .....

Please provide details of how loss/damage occurred .....

Where did the loss/damage occur? .....

If goods are damaged, please provide address where the damaged goods can be inspected .....

Please indicate  if there was forced entry to  Vehicle  Premises If 'Yes', please provide details .....

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**3 Claim information** (continued)

Has the event been reported to the police? Yes  No  If 'Yes', please advise name and location of police station

Police report number

Can damaged goods be repaired? Yes  No  If 'No', is there any salvage value? Yes  No

If 'Yes', please advise approximate value AU\$

**Other insurance cover**

Was there any other insurance covering this event? Yes  No  If 'Yes', please advise insurance company and policy number

**Other interested parties**

Please provide details including name and address of other interested parties (ie finance company, lessee)

**Carrier**

Were the goods carried by a shipping company, freight forwarder or carrier? Yes  No

If 'Yes', please provide details including name and address

Were details of the loss/damage noted at the time of delivery? Yes  No

Were details of loss/damage noted on delivery docket? Yes  No

Has a claim been lodged on the shipping company, freight forwarder or carrier? Yes  No  If 'No', please lodge claim

Description of items to be claimed (include make, model and age)	Details of loss/damage	Can the item be repaired	Amount claimed AU\$
		Yes <input type="radio"/> No <input type="radio"/>	\$
		Yes <input type="radio"/> No <input type="radio"/>	\$
		Yes <input type="radio"/> No <input type="radio"/>	\$
		Yes <input type="radio"/> No <input type="radio"/>	\$
		Yes <input type="radio"/> No <input type="radio"/>	\$
		Yes <input type="radio"/> No <input type="radio"/>	\$
		Yes <input type="radio"/> No <input type="radio"/>	\$
		Yes <input type="radio"/> No <input type="radio"/>	\$
		Yes <input type="radio"/> No <input type="radio"/>	\$
<b>Total amount claimed</b>			<b>AU\$</b>

**4 EFT payment details** (please complete this section if you require payment directly into your account)

Account name Account number

Bank name BSB Number

Bank address State Postcode

**Overseas payment**

Swift Code ABA Code Sort Code

**5 Declaration**

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information. I understand that Insurers do not admit liability by the issue of this form.

Name (Please print)

Signature of insured Date / /