

## IMPORTANT NOTICE

- > Please read this Claim Form fully before completing it.
- > The Claim Form is to be signed by a Partner, Director or Principal of the Insured.
- > All questions that apply to your claim must be answered as fully as possible.
- > Please complete and attach additional pages if necessary and attach copies of all relevant documentation.

### Filling in this form

For all claims – complete **section 1**

- > **Public & Products Liability claims** complete **sections 1, 2, 4, 6, 7, 9** and **10**
- > **Professional Indemnity, Management Liability, IT/Cyber Liability, Tax Audit, Crime, Employment Practices Liability** and **Statutory Liability claims** complete **sections 1, 2, 6, 7, 9** and **10**
- > **Damage to Glass, General Property, Contents, Portable Equipment, Business Interruption** and **Transit claims** complete **sections 1, 2, 4, 5, 8, 9** and **10**
- > **Theft, Employee Dishonesty** and **Money claims** complete **sections 1, 2, 3, 8, 9** and **10**
- > **Machinery and Deterioration of Stock claims** complete **1, 2, 4, 8, 9** and **10**

If you have any questions regarding the completion of this form, please contact us on **1300 249 268**.

## 1. Your details

Policy number	<input type="text"/>		
Policy period	<input type="text"/>		
Type of policy	<input type="text"/>		
Name of Insurer	<input type="text"/>		
Name of Insured	<input type="text"/>		
Postal address	<input type="text"/>		
	Suburb/Town <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
Phone number	<input type="text"/>		
Email address	<input type="text"/>		
Is there any other insurance that may be applicable to this notification? If so, provide full details	<input type="text"/>		

## 2. Incident details

Date of Incident	<input type="text"/>	Time	<input type="text"/>
Where did the incident occur?	<input type="text"/>		
Who discovered the loss or damage?	<input type="text"/>		
When was the loss or damage first discovered?	<input type="text"/>		
Were the premises securely locked at the time of the incident?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
Please describe what happened	<input type="text"/>		

## 3. Police

Have you reported the incident to the police?	<input type="checkbox"/> No <input type="checkbox"/> Yes                    If <b>yes</b> , provide details:
Police station	<input type="text"/>
Date and Time reported	<input type="text"/>
Police report number	<input type="text"/>

## 4. Ownership

Are you the sole owner of the damaged or lost property?	<input type="checkbox"/> No <input type="checkbox"/> Yes                    If <b>no</b> , provide details of the other owner/s:
	<input type="text"/>

## 5. Responsible party

Do you know the name and address of the party that may be responsible for this incident?

No  Yes If **yes**, provide details:

Name

Address

Telephone

### Witnesses

Name

Address

Telephone

## 6. Third party claims

Claimant's full name

Postal address

Phone number

Email address

When did you first become aware of the claim or potential claim?

Has a demand been made against you?  No  Yes If **yes**, provide details:

Does the claim involve a product that you manufactured or supplied to another person?  No  Yes If **yes**, provide details of the product:

Detailed outline of the claim

 **Please attach a copy of all supporting documents including but not limited to retainer, letters of demand and court documents.**



## 10. Funds transfer

In the majority of cases we will settle your claim by authorising repair or replacement of your damaged or lost property through a repairer or a supplier. However, there will be occasions where a payment will be made to you.

In order that we may transfer settlement funds direct to your account we request that you provide your banking details.

Bank

Account Name

Account No.

BSB No.

RelyOn Insurance is arranged, promoted and administered by BizCover.

### Privacy statement

At BizCover, we are committed to protecting your privacy in accordance with the Privacy Act, 1988 (Cth) and the Australian Privacy Principles. We collect personal information from you, your agents and people involved in this claim to assist your insurer in investigating or processing the claim, to improve our customer service and products and to carry out research and analysis, including data analytics. This may include collection from third parties claiming under the policy, witnesses and medical practitioners. Failure to disclose information required may result in your insurer not being able to administer or declining the claim.

BizCover may disclose your information to:

- > your insurer or their agents, contractors or third-party providers providing services related to the administration of the claim;
- > assessors, third party administrators, emergency providers, retailers, medical providers, or any third parties or insurer from whom your insurer requires claim related information;
- > entities to which BizCover is related and third party providers for data analytics functions; and
- > government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law.

Some of these entities may be located overseas.

Our Privacy Policy is available at [www.bizcover.com.au](http://www.bizcover.com.au) or by contacting us on **1300 249 268** and contains information about how you may access and correct your personal information, how to complain about a breach of the applicable privacy principles and how BizCover will deal with such a complaint.

By providing us with personal information you and any other person you provide personal information for, consent to these uses and these disclosures unless you tell us otherwise. If you wish to withdraw your consent, including for things such as receiving information on products and offers by us or persons we have an association with, please contact us.

### Declaration


1. I/We certify that the information given in this form is truthful accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.
2. I/We authorise my insurer and its agents to give to, or obtain from, other insurers or any insurance reference bureau, any information relating to this claim or any other claim made by me/us or any insurance held by me/us.
3. I/We agree to immediately notify BizCover if any stolen or lost property forming part of this claim is recovered or found.
4. I/We acknowledge that my insurer may make its decision on whether and the extent to which may claim is covered having regard to the information I have provided as part of and accompanying this claim form.

Name

Insured's  
Signature

Date

Email this completed form along with any supporting documents to [claims@bizcover.com.au](mailto:claims@bizcover.com.au) or post to **BizCover Claims Team, Level 2, 338 Pitt Street, Sydney NSW 2000.**

 **To avoid delays in processing your claim, please attach all supporting documents including but not limited to original invoices, receipts, manuals, pictures, reports and replacement quotes.**

**Head Office**  
Level 2, 338 Pitt Street, Sydney NSW 2000

**T:** 1300 920 864 or 02 8287 6400  
**E:** [claims@bizcover.com.au](mailto:claims@bizcover.com.au)

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**bc** BizCover