



ZURICH

*Because life changes.*

# Machinery Breakdown Deterioration of Stock Fusion

## 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](mailto: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*

# Machinery Breakdown/Deterioration of Stock/Fusion Claim Form



Because life changes.

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)

**Please fill in all relevant sections (Please PRINT your answers)**

Name of Insured

Postal Address  Postcode

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

Occupation  Date of birth  /  /

Phone Number (Private) (  ) (Business) (  )

Policy Number  Date of Loss  /  /  Time  am/pm

Where did loss occur?

Describe as fully as possible how loss occurred

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Do you consider any other party responsible for the loss? YES  NO

If "YES", please state why?

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Are you the sole owner of the property lost or damaged? YES  NO

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

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Do you hold any other insurances under which a claim for this loss may be lodged? YES  NO

If "YES", please give details

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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?

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