

LIABILITY CLAIM FORM

Dear Policyholder,

We're sorry to hear you need to notify a claim. Our aim is to settle your claim as quickly as possible.

You can help us do this by ensuring the enclosed claim form is completed promptly and that all questions are fully answered. If insufficient space, please attach a separate statement.

**This form must be completed by the policyholder NOT the injured party.
To be completed when accident causes damage to property or injury to a member of the public.**

To enable completion of the potential claim without delay and mitigate damage or injury it is imperative the following steps be taken:

- Take all necessary steps (where safe to do so) to preserve life or property;
- Under no circumstances must any person make any statement implying fault or acceptance of responsibility;
- Prepare and obtain any relevant witness statements or supplementary information relevant to a possible claim;
- Contact Delphic Insurance Services and your internal or external appointed legal counsel who will advise what action to take;
- Do not respond to any third party correspondence other than to advise that future correspondence is to be referred directly to your legal counsel and/or Delphic Insurance Services.

Depending on the specifics of the claim, the insurer may engage third party companies to process the claim, we will endeavour to let you know who these third parties will be ahead of time, however this is sometimes not possible. If you have concerns with who is contacting you to visit your premises, please contact the insurer directly to confirm their credentials.

In addition to us as your broker and advisors, and the insurance company/underwriter who issues the policy, other parties that may be involved are:

Investigator An independent investigator may be appointed by the insurer to report on the circumstances of a claim. They may conduct interviews and inspect the location of the loss.

Legal Representative When a third party claimant is legally represented the insurer may appoint a solicitor to act on their behalf. They liaise with you, attend court where required and report back to the insurer.

If you have any problems during the period of your claim, please contact us and quote your claim number if you know it. We assure you of prompt attention to any queries you may have.

Peter Ligdopoulos
Delphic Insurance Services

YOUR PRIVACY

The Privacy Act 1988 requires us to make the following disclosure before collecting personal information about you:

- We collect personal information in order to provide our broking services including assistance with insurance claims. We will ask you to supply personal information on this form so we can assist you to submit your insurance claim and have it considered by the insurer. We will disclose this information to the insurer for this purpose.
- If the personal information is not provided, the insurer may not be able to assess and pay the claim and we may not be able to assist with your claim.
- We and the insurer may disclose the personal information to other people involved in reviewing the claim, including reinsurers, other insurance intermediaries, the insurer's advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process.
- Your information will be disclosed to organisations overseas if your policy is underwritten by an overseas insurer. If your insurer is overseas, information about where the insurer is located is set out below:
- By signing this form, you consent to us and the parties mentioned above collecting, using and disclosing personal and sensitive information about you for the purposes described above. You understand that any personal and sensitive information disclosed to organisations located overseas may not be protected in the same way as it is in Australia. Even though we have not control over how the information will be used and disclosed, you consent to us disclosing your personal and sensitive information to those overseas organisations for the purposes described above.

Further information about how to access the personal information we hold about, have it updated or corrected or how to make a complaint about how your personal information is in our Privacy Policy on our website www.delphicinsurance.com.au

1. Details of Policy Holder

<p>Name of Policy Holder:</p> <p>.....</p> <p>Address of Policy Holder:</p> <p>.....</p> <p>.....</p> <p>Postcode</p>	<p>Occupation or Trade:</p> <p>.....</p> <p>.....</p> <p>Telephone Numbers:</p> <p>Business Hour (.....)</p> <p>After Hour (.....)</p>	
<p>Insurer:</p>	<p>Policy No:</p>	<p>Expiry Date: / /</p>

2. Details of Accident / Injury

Date of accident: / /	Time of accident: am/pm
Was there any personal injury? If yes, please state:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>(i) name(s) and address(es) of injured persons:</i>	<p>1. Name:</p> <p>Address:</p> <p>.....Postcode</p> <p>2. Name:</p> <p>Address:</p> <p>.....Postcode</p>	
<i>(ii) nature and extent of injuries:</i>	<p>1.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>2.</p> <p>.....</p> <p>.....</p> <p>.....</p>	

<p><i>(iii) name of doctor and/or hospital (if applicable)</i></p>	<p>1.</p> <p>2.</p>
<p>Was any third party property damaged? <i>If yes, please state:</i></p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p><i>(i) name(s) and address(es) of owner(s):</i></p>	<p>1. Name: Address: Postcode</p> <p>2. Name: Address: Postcode</p>
<p><i>(ii) nature and extent of damage:</i></p>	<p>1.</p> <p>2.</p>
<p>Is the third party:</p>	<p>(i) an employee of the policyholder? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>(ii) an employee of a sub-contractor? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>(iii) a member of the policyholder's family? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>(iv) ordinarily resident in the policyholder's home? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Has the claim been intimidated:</p>	<p>(i) verbally? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, to whom)</i></p> <p>(ii) in writing? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, please attach correspondence)</i></p>
<p>Name of your employee in charge at the time of the accident</p>	<p>.....</p>

3. ABN Details

Are you a registered business? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your ABN? ABN No:
What percentage of GST in your premium did you claim as an Input Tax Credit for the period of insurance in which this loss occurred?%

4. Declaration

<p>I declare that the above statements are true, that I have not suppressed or mis-stated any facts. I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify Delphic Insurance Service in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed "Your Privacy".</p>	
<p>Full name of claimant(s) (<i>please use block letters</i>) </p> <p>.....</p>	
<p>Signature(s)</p> <p>..... Date: / /</p> <p>..... Date: / /</p>	

Please email this claims form and any photographs or video you may directly to your account manager. We will contact you to let you know the next steps and will let you know if there is any additional information required.

If you do not know the details of your account manager, please contact us directly on 1800 DELPHIC or email us at claims@delphic.com.au.