Miramar Liability Claim Form

Notification of circumstances from which a claim might arise

Please do not include any statement or comment on this form which may be construed as an admission of fault.

IMPORTANT NOTICES

BINDER AGREEMENT

The contract of insurance is arranged by Miramar Underwriting Agency Pty Ltd (ABN 97 111 534 797, AFSL 314176) ('Miramar') acting under a binding authority as agent for the Insurer(s), certain underwriters at Lloyd's. Miramar does not act as Your agent.

PRIVACY STATEMENT

In this Privacy Statement the use of "We", "Us" and "Our" means the Insurer(s) and Miramar unless specified otherwise.

We are committed to the safe and careful use of Your personal information in the manner required by the *Privacy Act 1988* (Cth) and the Australian Privacy Principles and the terms of this Policy.

We collect Your personal information in order to assess Your application for insurance and, if Your application is accepted, to administer and manage Your insurance Policy and respond to any claim that You make. To do this, Your personal information may need to be disclosed to reinsurers and service providers and related entities who carry out activities on Our behalf, such as assessors and facilitators, some of whom may be located in overseas countries. See the Privacy Policies/Notices set out below for further information.

Our contractual arrangements generally include an obligation for these reinsurers, service providers and related entities to comply with Australian privacy laws.

By providing Us with Your personal information, You consent to the disclosure of Your personal information to reinsurers, service providers and related entities in overseas countries to enable Us to assess Your application, to administer and manage Your insurance Policy and to respond to any claim that You make. If You consent to the disclosure of Your personal information to overseas recipients, and the overseas recipient handles Your personal information in a way other than in accordance with the Australian privacy laws, We may not be responsible for the handling of Your personal information by the overseas recipient.

If You choose not to provide Your personal information and/or choose not to consent and/or withdraw Your consent to the disclosure of Your personal information to overseas entities at any stage, We may not be able to assess Your application or administer and manage Your insurance Policy and respond to any claim that You make.

Our privacy policies contain information on how You may access personal information that each of Us hold, or seek correction of Your personal information and information on how to make a complaint about the handling of Your personal information and how complaints are handled. If You require more information, You can access certain underwriters at Lloyd's Privacy Notice at https://www.lloyds.com/help/privacy and Miramar's Privacy Policy at miramaruw.com.au

IMPORTANT INFORMATION FOR COMPLETION OF CLAIM FORM

- Please keep a copy of all documentation You send to us for Your own record.

- Please use the notes section on page 5 if You need more space to complete any question.

- To ensure prompt attention to Your claim, please complete this Claim Form in full and submit it to us as soon as possible.

INSURED	POLICY NUMBER

DETAILS OF BROKER

Broker name

NAME

Contact details

TELEPHONE NUMBER (DAY)   EMAIL

MOBILE   FAX

DETAILS OF THE INSURED

Full name of the Insured

FIRST NAME   LAST NAME

COMPANY NAME (E.G. ABC COMPANY PTY LTD)

TRADING NAME   ABN

Address

NUMBER, STREET ADDRESS   CITY / SUBURB

STATE   POSTCODE

Contact numbers

TELEPHONE NUMBER (DAY)   TELEPHONE NUMBER (NIGHT)

MOBILE   FAX

DETAILS OF CLAIM/INCIDENT

LOCATION

Location of incident
(e.g. address)

What is the purpose(s)
of the occupied premises
at the location?

DATE AND TIME

Date and time of incident:

DATE FROM (DD/MM/YY)   DATE TO (DD/MM/YY)   TIME (FROM)   TIME (TO)

OTHER

Have You had or do You have
any other liability insurance
that covers this property?

☐ Yes   ☐ No

If 'Yes', please state the company and the
amount insured

COMPANY $ AMOUNT INSURED

Was immediate notice of the loss given to Miramar?   ☐ Yes   ☐ No

Has an invoice or account been paid?   ☐ Yes   ☐ No

DETAILS OF CLAIM/INCIDENT

Provide full particulars of any Personal or Advertising Injury to any Person or any Property Damage

Provide name and address of person who suffered Personal Injury or Property Damage

FIRST NAME

LAST NAME

NUMBER, STREET ADDRESS

CITY / SUBURB

STATE

POSTCODE

Is the claimant legally represented?

☐ Yes ☐ No

If 'Yes', please provide details:

Were Products manufactured by the Insured?

☐ Yes ☐ No

Directly imported by the Insured?

☐ Yes ☐ No

Name of person in charge at time of incident?

FULL NAME

If, in Your opinion, anyone was to blame for the incident, please state name and address and provide reasons for Your opinion

FULL NAME

ADDRESS

Reason for Your opinion

Provide name and addresses of any witnesses

FULL NAME WITNESS ❶

ADDRESS

FULL NAME WITNESS ❷

ADDRESS

FULL NAME WITNESS ❸

ADDRESS

Has any claim been made upon You verbally or otherwise?

☐ Yes ☐ No

If 'Yes', please provide particulars and forward any correspondence to Miramar

Was liability admitted?

☐ Yes ☐ No

Has the incident been reported to Police and if so, has a report been provided?

☐ Yes ☐ No

If 'Yes', please state when and where

DECLARATION

I consent to Miramar and the Insurer(s) collecting, storing, using and disclosing personal information as set out in the Privacy Statement . If I have provided or will provide information to Miramar and the the Insurer(s) about any other individuals, I confirm that I am authorised to disclose his or her personal information to Miramar and the Insurer(s) and also to give this consent on both my and their behalf.

I declare that, to the best of my knowledge and belief, the information in this Claim Form is true, complete and correct and I understand the claim may be refused or reduced if information is false or withheld.

I understand that I may have to provide relevant documentation to enable complete consideration of my claim.

Declarant ❶

NAME	TITLE
X SIGNATURE	DATE (DD/MM/YY)

Declarant ❷

NAME	TITLE
X SIGNATURE	DATE (DD/MM/YY)

Send completed Claim Form to:

Email: claims@steadfastagencies.com.au

Post: Miramar Underwriting Agency Pty Ltd
           PO Box A2016, Sydney South NSW 1235

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