



Home Removals

Claim form

Privacy

Zurich is bound by the Privacy Act 1988 (Cth). We collect, use, process and store Personal Information and, in some cases, Sensitive Information such as health information, about you in order to comply with our legal obligations and in order to assess your claim and administer the policy ('purposes').

By providing us or your intermediary with your Information, you consent to our use of this Information and where relevant for the purposes, you consent to our disclosure of your Personal Information, including your Sensitive Information, to your intermediary, the policy owner and their representatives, affiliates of the Zurich Insurance Group Ltd, other insurers and reinsurers, our service providers (including assessors), our business partners, medical and health practitioners, government offices and agencies, regulators, law enforcement bodies and as required by law within Australia or overseas. These laws include the Anti-Money Laundering and Counter-Terrorism Financing Act 2006, Personal Property Securities Act 2009, Corporations Act 2001, Insurance Contracts Act 1984, Autonomous Sanctions Act 2011, Income Tax Assessment Act 1997, Income Tax Assessment Act 1936, Income Tax Regulations 1936, Tax Administration Act 1953, Tax Administration Regulations 1976, A new Tax System (Goods and Services Tax) Act 1999 and the Australian Securities and Investments Commission Act 2001 as those laws are amended, and includes any associated regulations. From time to time other acts may require, or authorise us to collect your personal information.

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, the parties listed above and third parties to administer policies and assess a claim in the event of loss or damage.

In most cases, on request, we will give you access to personal information held about you.

For further information about Zurich's Privacy Policy, a list of service providers and business partners that we may disclose your Information to, a list of countries in which recipients of your Information are likely to be located, details of how you can access or correct the Information we hold about you or to make a complaint, please refer to the Privacy link on our homepage – www.zurich.com.au, contact us by telephone on 132 687 or email us at Privacy.Officer@zurich.com.au

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

- Please attach a quotation if damaged items are repairable. If items can not be repaired, please attach written confirmation from an independent source together with a quotation for replacement with similar make/model.
- Copy of your written letter of 'notification' to the carrier advising them of loss/damage to your goods and their response
- Consignment/freight/delivery note showing terms and conditions
- Packing/weight/inventory list
- Overseas removal – please attach original bill of lading/airways bill and original policy/certificate of insurance
- Any other evidence of loss or damage including photographs.

1 Insured details

Policy number	Claim number		
.....			
Insured name			
.....			
Postal 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 %

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 / /