

# GENERAL CLAIM FORM

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If there is insufficient room on this form for your answers, please attach a separate piece of paper indicating the Section and Question you are providing additional information for.

## YOUR PRIVACY

The Privacy Act 1988 requires Barker Meier Insurance Brokers Pty Ltd ("Barker Meier") to make the following disclosure before collecting personal information about you after 21 December 2001:

- Barker Meier collects personal information in order to provide its various services which include insurance broking, claims management, risk management consultancy, underwriting management, and reinsurance.
- If the personal information Barker Meier requests from you is not provided, Barker Meier or any involved third party may not be able to provide the appropriate services.
- Barker Meier discloses personal information to third parties who are involved in the provision of our services. For example, in arranging and managing your insurance needs Barker Meier may provide information (including sensitive information such as health information) to insurers, reinsurers, other insurance intermediaries, its advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process. By signing this form and continuing to deal with us, you confirm on your behalf and/or on behalf of those you represent consent to Barker Meier and these parties collecting, using and disclosing personal and sensitive information about you.
- Barker Meier has a duty to maintain the confidentiality of its client's affairs which includes their personal information. Our duty of confidentiality applies except where disclosure of your personal information is with your consent or required by law.
- Barker Meier may make use of your personal information to provide you with information about its products and services.

Further details on the Barker Meier Privacy Policy are on our website: [www.barkermeier.com.au](http://www.barkermeier.com.au)

## Contact Us

Simply contact the Barker Meier Privacy Officer if you would like to:

- Access the personal information Barker Meier holds about you
- Update or correct the information Barker Meier holds about you
- Discuss your privacy concerns
- Be removed from the mailing list to receive information about Barker Meier's' other products and services

Privacy Officer

E-mail: [admin@barkermeier.com.au](mailto:admin@barkermeier.com.au)  
Telephone: 1800 066 900  
Fax: 08 8223 2700

Claim Number:
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1. Policy Details

<b>Full Name(s) of Insured:</b> ..... ..... ..... ..... .....	<b>Address of Insured:</b> ..... ..... Postcode .....  <b>Telephone Numbers:</b> <b>Business Hours</b> (.....) ..... <b>After Hours</b> (.....) .....	
<b>Insurer:</b> .....	<b>Policy No:</b> .....	<b>Expiry Date:</b> ..... / ..... / 20.....

2. General Details of Loss / Damage

Where did event occur?		
Date of Event	..... / ..... / 20.....	Approximate time of loss or damage ..... am/pm
Brief description (including cause of loss or damage)	..... ..... ..... .....	
Amount Claimed (as shown on Schedule on next page of this form)	\$ .....	
Is any Third Party to blame for loss or damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please give details)</i> ..... ..... .....	
Have you received, or do you anticipate receiving, notice of any claim from or on behalf of Third Parties?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please give details)</i> ..... .....	

Give details of all witnesses, if any:	<b>Name</b>	<b>Address</b>
	.....	..... ..... Postcode .....
	.....	..... ..... Postcode .....
Were the Police notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please give details)</i>	
	(i) Date of Report: ..... / ..... / 20 .....	
	(ii) Name of Police Station: .....	
Have you taken any action to recover or reduce your loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please give details)</i>	
	.....	
	.....	

**3. Other Particulars**

<b>Name of Owner of property lost / damaged</b>	..... ..... .....
<b>Name of any other interested party (eg, Mortgagee, Trustee)</b>	..... ..... .....
<b>Details of any other insurances covering lost/damaged property</b>	..... ..... .....



**SCHEDULE**

(1) PLEASE COMPLETE FOR LOSS OF PROPERTY:-

Description of property for which loss is claimed	Date of Purchase or Acquisition	Original Cost	Value at time of Loss-allowing for reasonable Depreciation	Value of Salvage (if any)	Amount of Loss or Damage Claimed	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
<b>TOTAL AMOUNT OF LOSS CLAIMED</b>					\$	

(2) PLEASE COMPLETE FOR DAMAGE TO PROPERTY:-

Particular	Name of Repairer (Invoice / Quote)	Cost of Repairs	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
<b>TOTAL REPAIRS</b>		\$	
<b>TOTAL AMOUNT CLAIMED</b>		\$	

(3) PLEASE COMPLETE FOR FUSION DAMAGE:-

Machine / Appliance	Maker	Date of Purchase	H.P. of Motor	Name of Repairer Invoice/Quote Attached	Cost of Repairs	
					\$	
					\$	
					\$	
					\$	
					\$	
<b>TOTAL REPAIRS</b> (Note: To Avoid delay, attach invoice giving the separate items of costs as certain items may not be claimable)					\$	
<b>LESS EXCESS</b>					\$	
<b>NET AMOUNT CLAIMED</b>					\$	

(4) PLEASE COMPLETE FOR THIRD PARTY CLAIMS:-

Details of injury or damage to third parties:-

a) Name: .....

b) Address: .....  
.....  
..... Postcode .....

c) Occupation: .....

d) Nature and extent of injuries/damage:  
.....  
.....

e) Has the third party any relationship to you (eg. relative, employee)?  
.....  
.....

f) Have you received any correspondence from third parties? If so, please enclose them with this form.  
.....  
.....

g) Have you made any admission of liability?  
.....  
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