



# General and Products Liability

## Claim Form



ShieldCover is a division of East West Insurance Brokers Pty Ltd. ABN 83 010 630 092 AFSL No. 230041

[shieldcover.com.au](https://shieldcover.com.au)

## IMPORTANT NOTICES

*Please read these notices carefully. If you have any questions, please contact us.*

### The Insurer's Agent

ShieldCover, a specialist division of East West Insurance Brokers Pty Ltd, (we, us) act under a binding authority given to us by the insurer/s to arrange, issue and administer policies. When acting under such authorities, we act on behalf of the insurer/s and not for you.

### Your Duty of Disclosure

You have a Duty of Disclosure under law which requires that before a policy is entered into, renewed, varied, extended or reinstated, you must give us certain information we need to decide whether to insure you and anyone else under the policy, and on what terms.

Before you enter into an insurance contract, you have a duty of disclosure under the Insurance Contracts Act 1984.

If we ask you questions that are relevant to our decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions. You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract. Upon renewal of this policy, we may give you a copy of anything you have previously told us and ask you to tell us if it has changed. If we do this, you must tell us about any change or tell us that there is no change.

If you do not tell us about a change to something you have previously told us, you will be taken to have told us that there is no change.

You have this duty until we agree to renew the contract.

### If you do not tell us something

If you do not tell us anything you are required to tell us, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

### Cooling-off – in respect of retail contracts only

You are entitled to a minimum 14 day cooling-off period from the date cover commences during which you may return the policy and receive a premium refund (less amounts lawfully deducted). This is subject to legal requirements and terms and conditions of the policy.

You should check your PDS/Policy Wording and schedule/certificate of insurance when you receive it to be sure you have the cover you need.

### Refunds and Our Remuneration

We reserve the right to retain any commission paid by the insurer or any fee paid by you in relation to any refund premium applicable to any policy transaction, other than under Cooling-off as above.

### Privacy

We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insurance needs. We provide your information to insurance companies and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators).

Your information may be given to an overseas insurer (like certain Underwriters at Lloyd's) if we are seeking insurance terms from an overseas insurer, or to reinsurers who are located overseas. We also provide your

information to the providers of our policy administration and broking systems that help us to provide our products and services to you.

These policy administration providers and broking systems may be supported and maintained by organisations in New Zealand, the Philippines and Vietnam and your information may be disclosed to those organisations.

Please note that the Privacy Act and Australian Privacy Principles may not apply to these organisations.

We will try to tell you where those companies are located at the time of advising you. We do not trade, rent or sell your information.

If you do not provide us with full information, we cannot properly advise you, seek insurance terms for you, or assist with claims and you could breach your duty of disclosure.

For more information about how to access the personal information we hold about you and how to have the information corrected and how to complain if you think we have breached the privacy laws, ask us for a copy of our Privacy Policy by phone (07) 3510 9535, email [privacy@shieldcover.com.au](mailto:privacy@shieldcover.com.au) or visit our website [www.shieldcover.com.au](http://www.shieldcover.com.au).

## Your satisfaction

If you have any complaints about how we handle your personal information or about our service or advice, please let us know. We have internal dispute resolution procedures in place.

As agent to insurer/s, any complaint about policies and associated service may also be handled under the relevant insurer's internal dispute resolution procedures, and the external dispute facility for insurers and consumers, which is the Australian Financial Complaints Authority (AFCA).

Further details can be viewed in each Product Disclosure Statement and our Complaints and Disputes Policy, both located on our website [www.shieldcover.com.au](http://www.shieldcover.com.au). You can also call

us or the insurer/s for a copy of the relevant Complaints Policy.

## INSURED'S DETAILS

<b>Policy Number:</b>		
<b>Full Insured Name:</b> (Including all trading names and legal entities)		
<b>ABN:</b>		
<b>What was your entitlement to an Input Tax Credit on your premium payment for this policy?</b>	<b>%</b>	
<b>Address:</b>		
	<b>State:</b>	<b>Postcode:</b>
<b>Phone Number:</b>		<b>Fax:</b>
<b>Mobile:</b>		<b>Email:</b>

## CLAIM DETAILS

<b>Date of Incident:</b>	<b>Time of Incident:</b>	<input type="checkbox"/> AM <input type="checkbox"/> PM
<b>Date you first became aware of the incident:</b>		
<b>Address where incident occurred:</b>		
<b>Please provide a detailed description of the incident:</b>		
<b>Please provide details of any damaged property &amp;/or injuries sustained:</b>		
<b>Has a claim been made against you for the incident?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO <b>If Yes, please provide full details of person/party or parties making a claim against you and attach any correspondence received:</b>	

<b>Were emergency services contacted? (Police, Fire, Ambulance)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO <b>If Yes, please provide full details and attach reports if available:</b>				
<b>involve the use of a motor vehicle?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Was the motor vehicle registered or required to be registered?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If unregistered, was the vehicle insured under a motor vehicle or other insurance policy?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you believe that another party/person is responsible for the incident?</b>					

<b>INJURED PERSONS DETAILS</b>	
<b>Name of injured person/s:</b>	
<b>Injured person/s address:</b>	
<b>Full details of injuries sustained:</b>	
<b>What is your relationship with the injured person/s?</b>	

## WITNESSES

<b>Name of Witness:</b>		
<b>Address:</b>		
	<b>State:</b>	<b>Postcode:</b>
<b>Phone Number:</b>	<b>Fax:</b>	
<b>Mobile:</b>	<b>Email:</b>	
<b>Address:</b>		
	<b>State:</b>	<b>Postcode:</b>
<b>Phone Number:</b>	<b>Fax:</b>	
<b>Mobile:</b>	<b>Email:</b>	

## DECLARATION

I/We declare that the said loss occurred without my/our knowledge or consent and that I/We have not sought to benefit unjustly from this claim by fraud, wilful misrepresentation or exaggeration.

I/We declare that the information supplied on this claim form is true in every respect.

I/We agree that, by submitting this form, the personal information I/We provide to ShieldCover in this form or otherwise may be collected, held, used and disclosed in the manner set out in the ShieldCover Privacy Policy found at [shieldcover.com.au](http://shieldcover.com.au), including for processing this claim.

<b>Signature of Insured:</b>	
<b>Print Name:</b>	
<b>Date:</b>	



# LLOYD'S

Ref: SC.GLCF.LLO.V.011020

## ShieldCover

19 Rosedale Street | PO Box 239 Coopers Plains QLD 4108  
(07) 3510 9535 | [hello@shieldcover.com.au](mailto:hello@shieldcover.com.au)

ShieldCover, a specialist division of East West Insurance Brokers Pty Ltd ABN 83 010 630 092, Australian Financial Services Licence No. 230041 acts under a binding authority granted to it by the insurers of the ShieldCover Product, Certain Underwriters at Lloyd's. Refer to the Product Disclosure Statement or call us on (07) 3510 9535.



ShieldCover is a division of East West Insurance Brokers Pty Ltd. ABN 83 010 630 092 AFSL No. 230041

[shieldcover.com.au](https://shieldcover.com.au)