

Trades Liability & Loss of Tools Claim Form



The company does not admit liability to the issue of the form. It is issued to enable the insured to lodge a written statement of claim.

IMPORTANT INFORMATION

- Do not admit liability - Ask for any claim to be put in writing and refer all correspondence to ZURICH AUSTRALIAN INSURANCE LIMITED.
- Make sure you give us all the details about your claim. Attach a separate sheet if you have insufficient space on this form.
- Send all quotations you have received to repair or replace damaged property or invoices or receipts if the goods have already been repaired.

Insured Details

Policy Number

Name of Insured

Gender

Male

Female

Non-Binary

Business or
Trading Name

Address

Postcode

State

Occupation

Contact Name

Phone Number

Mobile Number

Email

Goods and Services Tax

Are you registered for GST Purposes

No

Yes

What is your Australian Business Number (ABN)?

What percentage of the GST paid on the policy premium were you entitled to claim as in Input Tax Credit?

%

Please note that GST legislation requires that this information be provided when a claim is notified. However, it is not used in determining acceptance of a claim, or will it be released to other parties.

Have you received a formal demand or claim from another person?

No

Yes

If 'Yes', has all correspondence including demands, contracts, quotes and invoices been attached?

No

Yes

Please note that any further correspondence or documentation received in relation to this claim should also be forwarded for attention.

Details of Accident/Incident

Date Time Day

Location of accident/incident

Please provide a description of the accident/incident

Please provide details of damaged property and/or injuries suffered

Have you admitted responsibility/liability for the incident?	No	Yes	
Does the claim involve a product that you manufactured or supplied to another person?	No	Yes	▶ If yes, please provide details below
Were emergency services such as ambulance, police or fire brigade contacted?	No	Yes	▶ If yes, please provide details below and attach reports if available
Did the accident or injury arise out of the use of a motor vehicle?	No	Yes	
Was the motor vehicle registered or required to be registered?	No	Yes	
If unregistered, was the vehicle insured under a motor vehicle or other insurance policy?	No	Yes	
Do you believe that another party or person is responsible?	No	Yes	▶ If yes, please provide details below

Details of Party or Parties Making Claim Against You

Name

Address Postcode State

Phone Number Mobile Number

Solicitor's Name

Witnesses

Name

Address Postcode State

Phone Number Mobile Number

Relationship (e.g. employee, family, friend, previously unknown)

Name

Address Postcode State

Phone Number Mobile Number

Relationship (e.g. employee, family, friend, previously unknown)

Name

Address Postcode State

Phone Number Mobile Number

Relationship (e.g. employee, family, friend, previously unknown)

Loss of Tools

Please outline the circumstances of the theft, loss or damage

Please identify in detail the tools affected

Tool	Date of Purchase	Original Cost	Replacement Cost Two quotes must be provided. State the lower of the two quotes here	Receipt attached? Yes/No?

Have any of the tools been replaced? No Yes If yes, please provide details below

Please provide details and photos of what measures were taken to secure the tools and to ensure the tools were not stolen, lost or damaged prior to this incident.

Were all the tools owned by you? No Yes

If the tools were stolen, was forcible and violent entry evident to a locked vehicle or building? No Yes If yes, please provide details below

Is there any other insurance in force for the tools? No Yes If yes, please provide details below

Declaration

Once form is completed: sign, date and return the form to the address below.

Signature of Insured

Date

DD | MM | YYYY

Return form to

AFA Pty Ltd

PO Box 463, North Sydney NSW 2059
claims@afainsurance.com.au

Toll Free: 1300 728 997

Please ensure that you keep copies of all documentation sent to AFA

Further Information

If you have any questions, or if you need assistance with understanding or completing this form, you can contact us on (toll free) 1300 760 377 or email claims@afainsurance.com.au

PRIVACY NOTICE

At AFA Pty Ltd (AFA) (ABN 83 067 084 333) we are committed to protecting your privacy in accordance with the *Privacy Act 1998* (Cth) and the Australian Privacy Principles (APPs).

This privacy notice details how we collect, disclose and handle your personal information as defined in the Act.

Personal information is essentially information or an opinion about an identified individual or an individual who is reasonably identifiable, whether the information or opinion is true or not and whether recorded in a material form or not.

Why we collect your personal information

We collect your personal information (including sensitive information) so we can:

- identify you and conduct necessary checks;
- determine what service or products we can provide to you e.g offer our insurance products;
- issue, manage and administer services and products provided to you or others, including claims investigation, handling and settlement;
- improve our services and products e.g training and development of our representatives, product and service research and data analysis and business strategy development.
- improve our services and products e.g training and development of our representatives, product and service research and data analysis and business strategy development.

What happens if you don't give us your personal information?

If you choose not to provide us with the information we have requested, we may not be able to provide you with our services or products or properly manage and administer services and products provided to you or others.

How we collect your personal information

Collection can take place through websites (from data you input directly or through cookies and other web analytic tools), email, by telephone or in writing. We collect it directly from you unless you have consented to collection from someone other than you, it is unreasonable or impracticable for us to do so or the law permits us to.

If you provide us with personal information about another person you must only do so with their consent and agree to make them aware of this privacy notice.

Who we disclose your personal information to

We share your personal information with third parties for the collection purposes noted above.

The third parties include: our related companies and our representatives who provide services for us, our agents or contractors, our insurers, other insurers and reinsurers, your agents, premium funders, other insurance intermediaries, underwriting agents, our legal, accounting and other professional advisers, data warehouses and consultants, providers of medical and non-medical assistance and services, translators, investigators, loss assessors and adjusters, credit agencies, credit card providers and other parties we may be able to claim or recover against, your employer (if a corporate policy), anyone either of us appoint to review and handle complaints or disputes, other companies in the event of a corporate sale, merger, re-organisation, dissolution or similar event and our alliance and other business partners and any other parties where permitted or required by law.

We may need to disclose information to persons located overseas. Who they are may change from time to time. You can contact us for details or refer to our Privacy Policy available at our website afainsurance.com.au.

In some cases we may not be able to take reasonable steps to ensure they do not breach the Privacy Act and they may not be subject to the same level of protection or obligations that are offered by the Act. By proceeding to acquire our services and products you agree that you cannot seek redress under the Act or against us (to the extent permitted by law) and may not be able to seek redress overseas.

More information, access, correction or complaints

For more information about our Privacy practices including how we collect, use or disclose information, how to access or seek correction to your information or how to complain in relation to a breach of the Australian Privacy Principles and how such a complaint will be handled, please refer to our Privacy Policy. It is available at our website afainsurance.com.au or by contacting us or our Privacy Officer at AFA, PO Box 3763, Australia Fair QLD 4215 or by email to privacy@afainsurance.com.au, or by telephone on 1300 760 377.

Your Choices

You consent to this use and these disclosures unless you tell us otherwise. If you wish to withdraw your consent, including for things such as receiving information on products and offers by us or persons we have an association with, please contact us.

Contact us

By phone: 1300 760 377

By email: privacy@afainsurance.com.au

In writing: PO Box 3763, Australia Fair QLD 4215

