

## GENERAL LIABILITY CLAIM FORM

For further information relating to the General & Products Liability policy for specific sports (including Policy Wordings), please refer to [www.marsh.com/au/cricket](http://www.marsh.com/au/cricket)

### PLEASE SEND YOUR COMPLETED CLAIM FORM AND ATTACHMENTS TO:

Marsh  
727 Collins Street  
Melbourne VIC 3000  
Email: [sport@marsh.com](mailto:sport@marsh.com)

### IMPORTANT INFORMATION

You are reminded that in no circumstances should you admit any liability or make any offer or enter into and correspondence with any incident which may result in a claim under your policy.

### HOW TO LODGE A LIABILITY CLAIM

|        |  |
|--------|--|
| STEP 1 | Notify Marsh immediately of your intention to lodge a liability claim via one of the following options:<br><br>Phone: 1300 130 373<br><br>Email: <a href="mailto:sport@marsh.com">sport@marsh.com</a>      |
| STEP 2 | Access a claim form via <a href="http://www.marsh.com/au/cricket">www.marsh.com/au/cricket</a> or call Marsh on 1300 130 373   |
| STEP 3 | Complete all sections of the claim form<br><br>Your claim form may be returned if there is important information missing<br><br>For assistance contact Marsh on 1300 130 373                               |
| STEP 4 | Send your claim for (completed in full) to Marsh as soon as possible.  |
| STEP 5 | Marsh will confirm receipt of your claim form or contact you should they require more information.<br><br>Please contact Marsh directly if you have not received confirmation of your claim within 7 days. |

## INSURED'S DETAILS

|                  |  |               |  |
|------------------|--|---------------|--|
| Name of Insured: |  |               |  |
| Postal Address:  |  | Postcode:     |  |
| Contact Name:    |  |               |  |
| Telephone No.    |  | Facsimile No. |  |
| E-mail Address:  |  |               |  |

If more than one named insured is claiming for this loss, please answer this question for each insured on a separate page.

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Are you registered for GST purposes? (Tick box applicable   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If YES, what is your Australian Business Number (ABN)?  |                              |                             |
| Have you claimed or are you entitled to claim an Input Tax Credit (ITC) on your monthly or quarterly Business Activity Statement to the Australian Taxation Office in respect to the GST paid on the insurance policy under which this claim is being made? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If YES, what percentage of the GST did you claim or are you entitled to claim?  | %                            |                             |

(if the GST paid and your ITC entitlements are the same amount, the answer to this question is 100%)

NB: Insurers cannot settle your claim without the above information and, if you fail to advise the availability of an ITC or understate its availability, you may have a liability to pay tax on the claim payment. If you have any queries, please see your tax adviser.

## INCIDENT DETAILS

|   |  |                   |  |                             |                             |
|---|--|-------------------|--|-----------------------------|-----------------------------|
| Date of Event:                                    |  | Time of Incident: |  | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| Date reported to you:                             |  |                   |  |                             |                             |
| Exact place of Incident:                          |  |                   |  |                             |                             |
| Description of the Incident:                      |  |                   |  |                             |                             |
|   |  |                   |  |                             |                             |
|   |  |                   |  |                             |                             |
| Name(s) and address(es) of any person(s) injured. |  |                   |  |                             |                             |
| Name:   |  |                   |  |                             |                             |
| Address:  |  |                   |  |                             |                             |
| Name:   |  |                   |  |                             |                             |
| Address:  |  |                   |  |                             |                             |

## INCIDENT DETAILS CONTINUED

Full details of any injuries:

Name(s) and address(es) of owner(s) of any damaged property;

Name:

Address:

Name:

Address:

Note: any piece(s) of damaged property or other evidence of the cause should be preserved

Name(s) and address(es) of witness(es), if any;

Name:

Address:

Name:

Address:

Was the incident due to:

Any individual

Property

Plant or equipment

Motor Vehicle

## THIRD PARTY DETAILS

Name of Third Party:

Permanent Address of Third Party:

Nature and extent of injuries/damage:

Have you received notice of any claim from a Third Party?

YES

NO

If yes, please enclose a copy with this form.

Have you made any admission of liability?

YES

NO

If yes, please provide details:

## 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.

Name of the Insured or person with authority to sign for or on behalf of the Insured:

Position held with the Insured:

Signature of insured or person with authority to sign for or on behalf of the insured:

Date:

## IMPORTANT INFORMATION

Do not disclose that you are insured, but merely state that enquiries will be made. Do not reply to any communication received from a Third Party, but forward to Marsh. This company's issue and / or acceptance of this form, duly completed, must not be taken as an admission of its liability.

1. **Do not** admit liability.
2. Make sure that you give us ALL details about your claim.
3. Please send any documentation you have which may assist in our investigations.
4. Send us all original quotations and/or original invoices which you have received to repair or replace the damaged property
5. If possible, keep damaged items available as your insurer may wish to inspect them

## MARSH COLLECTION STATEMENT

In accordance with the Privacy Act 1988 (Cth) (and subsequent amendments) ('the Privacy Act'), we, Marsh Pty Ltd and our Associated Entities (as that term is defined in the Corporations Act 2001 (Cth)) ('Marsh') draw your attention to the following:

- We may collect personal information about you by means of the enclosed document.
- We are collecting the information principally for the purpose of approaching the (re)insurance market, placing insurance, assessing and advising you on your insurance needs, claims handling or risk management (depending on your requirements). Other purposes include providing you with information about other Marsh products or services and administering payments to you. If you are proposing for or renewing insurance, the information is required pursuant to your duty of disclosure under the Insurance Contracts Act 1984 (Cth), the Marine Insurance Act 1909 (Cth) or at common law.
- The information we collect may be disclosed to third parties including but not limited to (re)insurers, insurance intermediaries, service providers, finance providers, advisers, agents and Marsh's Associated Entities, which are all businesses of Marsh & McLennan group of companies ('MMC').
- Your personal information may be sent to our administrative processing centres in Mumbai (India) or Kuala Lumpur (Malaysia) and to other MMC companies, insurers, reinsurers and other third party service providers (e.g. data storage providers) in the United Kingdom, Singapore, Hong Kong, the United States of America and elsewhere.
- If you provide us with personal information about other individuals, you must ensure that those persons have been made aware of the above matters. Where the information collected relates to health, criminal record or other sensitive information as defined in the Privacy Act, you must obtain it with the individual's consent.
- We will use and disclose your personal information in accordance with our Privacy Policy. By completing this form you confirm that you have read the Marsh Privacy Policy available on our website ([www.marsh.com.au](http://www.marsh.com.au)) and you authorise and consent to Marsh collecting, holding, using and disclosing any personal information collected by means of the enclosed document in accordance with the terms of the Marsh Privacy Policy, including for the purposes explained in this collection statement above. If there are any inconsistencies between the terms of this collection statement and the terms of the Marsh Privacy Policy, the terms of the Marsh Privacy Policy prevail to the extent of that inconsistency. You may modify or withdraw your consent at any time. If you do not give us consent or subsequently modify or withdraw your consent, we may not be able to provide you with the products or services you want.
- You can contact our Privacy Officer by:

Email – [privacy.australia@marsh.com](mailto:privacy.australia@marsh.com)

Phone – (02) 8864 7688

Post – PO Box H176, Australia Square NSW 1215

The advice in this form is general advice only. To help you decide if the cover suits you, please read the Product Disclosure Statement. We can provide you with further information. Please contact us to request. This insurance is arranged by Marsh Advantage Insurance Pty Ltd (ABN 31 081 358 303, AFSL 238 369) ('MAI'). MAI are not the insurer.

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