

GENERAL LIABILITY CLAIM FORM

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

PLEASE SE	ND YOUR	COMPLETED CLAIM FORM AND ATTACH	MENTS TO:			
Marsh 727 Collins Melbourne \ Email: sport	/IC 3000	om				
IMPORTAN	T INFORM	IATION				
		in no circumstances should you admit any lia th any incident which may result in a claim u		er or enter into)	
HOW TO LO	DDGE A LI	ABILITY CLAIM				
STEP 1	Phone: 1	rsh immediately of your intention to lodge a liability claim via one of the following options: 300 130 373 ort@marsh.com				
STEP 2	Access a	claim form via www.au.marsh.com/sport.html	or call Marsh on 1300	130 373		
STEP 3	Your clair	e all sections of the claim form im form may be returned if there is important information missing stance contact Marsh on 1300 130 373				
STEP 4	Send you	r claim for (completed in full) to Marsh as soc	on as possible.			
STEP 5		Il confirm receipt of your claim form or contact you should they require more information. ontact Marsh directly if you have not received confirmation of your claim within 7 days.				
NSURED'S	DETAILS					
Name of Ins	sured:					
Postal Address:				Postcode:		
Contact Name:						
Telephone No.			Facsimile No.			
E-mail Address:						
separate pa		d insured is claiming for this loss, please ans	wer this question for e	ach insured o	n a	
	ge.	d insured is claiming for this loss, please ans GST purposes? (Tick box applicable)	wer this question for e	ach insured o	n a □ No	
Are you reg	ge. istered for	<u> </u>	wer this question for e	I	<u> </u>	
Are you reg If YES, wha Have you cl monthly or co	ge. istered for t is your Au aimed or a	GST purposes? (Tick box applicable)	TC) on your Taxation Office in	I	<u> </u>	
Are you reg If YES, wha Have you cl monthly or orespect to the	ge. istered for t is your Au aimed or a quarterly B ne GST pai	GST purposes? (Tick box applicable) ustralian Business Number (ABN)? re you entitled to claim an Input Tax Credit (Iusiness Activity Statement to the Australian T	TC) on your Faxation Office in aim is being made?	☐ Yes	□ No	
Are you reg If YES, wha Have you cl monthly or c respect to th If YES, wha	ge. istered for t is your Au aimed or a quarterly B ne GST pai t percenta	GST purposes? (Tick box applicable) ustralian Business Number (ABN)? re you entitled to claim an Input Tax Credit (I usiness Activity Statement to the Australian T d on the insurance policy under which this cl	TC) on your Taxation Office in aim is being made? d to claim?	☐ Yes	□ No	



INCIDENT DETAILS							
Date of Event:		Time of Incident:		□ АМ	□РМ		
Date reported to you:							
Exact place of Incident:							
Description of the Incide	nt:						
Name(s) and address(es	s) of any person(s) inju	red.					
Name:							
Address:							
Name:							
Address:							
Full details of any injurie	s:						
Name(s) and address(es	s) of owner(s) of any da	amaged 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	☐ Any individual	☐ Property	☐ Plant or equipr	ment Motor	r Vehicle		



THIRD PARTY DETAILS						
Name of Third Party:						
Permanent Address of Third Party:						
Nature and extent of injuries/damage	e :					
Have you received notice of any claim	☐ Yes	□ No				
If yes, please enclose a copy with the	is form.					
Have you made any admission of lia	☐ 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 a on behalf of the insured:	authority to sign for or					
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.						

- 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 allbusinesses 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 beenmade 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) 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 – <u>privacy.australia@marsh.com</u> 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 canprovide 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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