



General and Products Liability Claim Form



Liability | Property | Accident & Sickness

Call 1300 650 670, visit rynouw.com.au or email hello@rynouw.com.au
Head office: 19 Rosedale Street (PO Box 239), Coopers Plains Qld, 4108.

Ryno Underwriting is a division of East West Insurance Brokers Pty Ltd.
ABN 83 010 630 092, AFS Licence No. 230041.

IMPORTANT NOTICES

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

- **DO NOT ADMIT LIABILITY** – Ask for any claim to be put in writing and refer all correspondence to Ryno Underwriting or your Insurance Broker.
- Please provide all details of your claim. If there is insufficient space to answer questions, please attach a separate sheet with your responses.
- Please attach all written correspondence received with your claim form.

GENERAL INSURANCE CODE OF PRACTICE

Ryno Underwriting fully supports the General Insurance Code of Practice. The Insurance Council of Australia has developed a General Insurance Code of Practice, to which Lloyd's Australia is a signatory. The General Insurance Code of Practice aims to raise the standards of practice and service in the insurance industry and includes many standards in relation to:

- Buying insurance;
- Insurance claims;
- Responding to catastrophes and disasters;
- Information and education;
- Complaints handling procedures; and
- Code monitoring and enforcement.

You can obtain a copy of the Code from Our branch or by going to the website at www.codeofpractice.com.au

PRIVACY

We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insurance needs. We may provide your information to an agent and offer insurance terms to you, your agent or the companies that deal with your insurance.

Your information may be given to an overseas insurer (like Lloyd's of London) if we are seeking insurance terms from an overseas insurer, or to reinsurers who are located overseas. 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 don't provide us with full information, we can't 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 1300 650 670, email privacy@rynouw.com.au or visit our website www.rynouw.com.au



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INSURED'S DETAILS

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

CLAIM DETAILS

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



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

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



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WITNESSES

Name of Witness:

Address:

State:

Postcode:

Phone Number:

Fax:

Mobile:

Email:

Name of Witness:

Address:

State:

Postcode:

Phone Number:

Fax:

Mobile:

Email:

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 Ryno Underwriting in this form or otherwise may be collected, held, used and disclosed in the manner set out in the Ryno Underwriting Privacy Policy found at www.rynouw.com.au, including for processing this claim.

Signature of Insured:

Print Name:

Date:

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LLOYD'S

Ryno Underwriting, 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 Ryno Underwriting Product, Certain Underwriters at Lloyd's. Refer to the Product Disclosure Statement or call us on 1300 650 670

Ref: RY.GPLCL.LLO.V.010816

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