



# Community Underwriting

## Community Underwriting General Liability Claim Form

### About Community Underwriting

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Community Underwriting Agency Pty Ltd (Community Underwriting) acts under a binding authority as Agent for Berkley Insurance Australia to issue, vary and cancel policies on Berkley's behalf. In all aspects of this Policy, Community Underwriting acts as an agent for Berkley Insurance Australia, the Insurer and not for the Insured.

### About the Insurer

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Berkley Insurance Australia (Berkley - ABN 53 126 559 706) is part of the Berkley Group of Companies. Founded in 1967 the Berkley Group of Companies is one of the USA's premier commercial lines property and casualty insurance providers. Each of the operating units in the Berkley group participates in a niche market requiring specialised knowledge about a territory or product.

The Berkley Group of companies is led by Berkley Corporation, located in Greenwich, Connecticut, USA. It is listed on the New York Stock Exchange under the symbol WRB. Member companies of the Berkley Group have offices across the USA and in the United Kingdom, South America, Continental Europe, Australia, Singapore and Hong Kong.

### Privacy Statement

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Community Underwriting and Berkley Insurance Australia seek at all times to comply with the Privacy Act 1988 and the Australian Privacy Principles therein. If We disclose personal information to You for any reason You must also act in accordance with and comply with the terms of the Privacy Act and the Australian Privacy Principles.

Purpose for collection of information:

The information contained in this document and any other documents provided to Us will be dealt with in accordance with our respective Privacy Policies.

Disclosure of Information that you provide to us:

Community Underwriting and Berkley Insurance Australia will only use the information in accordance with the terms of the Privacy Policies. Without limiting the application of the Policy Community Underwriting and Berkley Insurance Australia may disclose personal information to other individuals or organisations in connection with Your claim, including legal advisors, other parties, other lawyers, experts and witnesses, courts and tribunals and other organisations that need to be involved in the matter. By submitting Your notification and continuing to deal with us you consent to Community Underwriting and Berkley Insurance Australia and these parties collecting, using and disclosing personal and sensitive information about you for these purposes. By signing the claim form You are consenting to the above.

You warrant to us that where you provide us with personal information that you have collected from other individuals:

- that the information has been collected in accordance with the Privacy Act 1988.
- that We are authorised to receive that information from you and to use it for the purpose of providing legal claims management services and advice.
- You, and the person who provided You with the information, are aware and have complied with the Privacy Act 1988 and have notified the person about whom the personal information is collected of the collection use and disclosure of such information.

By executing the claim form you are indemnifying Community Underwriting and Berkley Insurance Australia against any breach that arises directly or indirectly out of any act or omission of your part which does not accord with the conduct required under the Privacy Act 1988.

Community Underwriting Agency Pty Ltd - AFS License No 448274 (Community Underwriting) acts under a binding authority as Agent for Berkley Insurance Australia (ABN 53 126 559 706) to issue, vary and cancel policies on Berkley's behalf. In all aspects of this Policy, Community Underwriting acts as an agent for the insurer and not for the insured.

## Direct Marketing:

We do not disclose personal information that We collect to a third party for the purpose of allowing them to direct market their products and services unless You have given Us Your permission for Us to do this.

## Cross Border:

We will share Your personal information with the Community Underwriting and the Berkley group of companies. Our data containing Your information is stored in our data centre using dedicated hardware and network. We may also use Saas, Cloud computing or other technologies from time to time and Your information may be stored outside Australia. We will not transfer personal information to a recipient in a foreign country unless We have appropriate protections in place as required by the relevant privacy laws. Your information will be stored on our data base for such period of time as required by law.

## Further information

If you would like further information, please review our full Privacy Policy on our website or if you have any complaints or concerns over the protection of the information you have given to us or that we have collected from others, contact the National Head of Claims at the Sydney address listed below or alternatively send an email to [australiaclaims@berkleyinaus.com.au](mailto:australiaclaims@berkleyinaus.com.au).

Berkley Insurance Australia  
Level 23, 31 Market Street  
Sydney NSW 2000  
Ph: 02 9275 8500  
Fax: 02 9261 2773  
Email: [australia@berkleyinaus.com.au](mailto:australia@berkleyinaus.com.au)  
Web site: [www.berkleyinaus.com.au](http://www.berkleyinaus.com.au)

## GST and Insurance Requirements

If you are registered for GST purposes and have an entitlement to claim an Input Tax Credit (ITC) for GST paid on your insurance, you are required to inform your insurer, at or before the time of any subsequent claim, of the extent to which you are eligible to claim an ITC.

The amount that we are liable to pay under this policy will be reduced by the amount of any ITC that you are or may be entitled to claim for the supply of goods or services covered by that payment.

If you are liable to pay an excess under this policy, the amount payable will be calculated after deduction of any ITC that you are or may be entitled to claim on payment of the excess.

## Complaints

Any enquiry or complaint relating to this insurance should in the first instance be referred to:

Complaints Manager

Community Underwriting Agency Pty Ltd

P.O. Box 173, Balmain NSW 2041

If this does not resolve the matter or You are not satisfied with the way a complaint has been dealt with, you should contact:

The National Head of Claims

Berkley Insurance Australia

P.O Box Q296, QVB Sydney NSW 1230

Community Underwriting are specialists in charity insurance, not for profit insurance and insurance for community organisations. We offer a range of insurance solutions customised to meet the needs of community organisations, including P&C Association insurances. Contact us today!

Call us: 02 80452580

[enquiries@communityunderwriting.com.au](mailto:enquiries@communityunderwriting.com.au)

[www.communityunderwriting.com.au](http://www.communityunderwriting.com.au)

AFS No 448274 ABN: 60 166 234 715

**Section 1** Policy Information

Policy Number: \_\_\_\_\_

Insured (Surname, Company, Association): \_\_\_\_\_

Given Name(s) of Insured: \_\_\_\_\_

Postal address: \_\_\_\_\_

Contact Person (for Company or Partnership claims): \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Business Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

Are you registered for GST? Yes  No

What is your ABN? \_\_\_\_\_

Have you claimed or do you intend to claim and Input Tax Credit on the GST applicable to this Policy? Yes  No

Is this amount claimed or intended to be claimed less than 100% of the GST applicable to the Premium? Yes  No

Specify the percentage amount claimed or intended to be claimed \_\_\_\_\_%

**Section 2** Claim / Incident Details

Date and time of claim or incident Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_ am/pm

Location of claim or incident \_\_\_\_\_

Provide a description of the claim / incident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Details of property damaged and/or injuries suffered \_\_\_\_\_

\_\_\_\_\_

Have you admitted responsibility / liability for the claim / incident Yes  No

Does the claim involve a product that you manufactured or supplied to another person? Yes  No

If Yes provide details \_\_\_\_\_

\_\_\_\_\_

Did the accident or injury arise out of the use of a vehicle? Yes  No

Was the motor vehicle registered or required to be registered? Yes  No

If unregistered, was the vehicle insured under a motor vehicle or other insurance policy? Yes  No

Do you believe that another party or person is responsible? Yes  No

If Yes provide details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Section 3

Details of party or parties making a claim against you

Name \_\_\_\_\_

Address Details \_\_\_\_\_

Business Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

Additional Information \_\_\_\_\_

Section 4

Witnesses

Witness one: Name \_\_\_\_\_

Address Details \_\_\_\_\_

Business Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

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

Witness two: Name \_\_\_\_\_

Address Details \_\_\_\_\_

Business Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

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## Declaration

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I declare that, to the best of my knowledge and belief, the information in this form is true and correct and I understand the claim may be refused or reduced if information is withheld.

I declare that I have read and understood the Privacy information and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons covered by this Form. Where personal information has been provided on someone else's behalf, that person has consented to this provision.

I consent to Community Underwriting, Berkley and their agents using the personal information I have provided on this form for the purposes of processing my claim. Accordingly, I consent to Community Underwriting, Berkley and their agents obtaining or disclosing my personal information as required with other insurers, insurance reference bureaus, credit reporting agencies, loss adjusters, investigators, lawyers or as required by law to do so.

Signature of insured or person with authority to sign for and on behalf of a company or partnership.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please indicate the number of additional pages attached to this Claim Form: \_\_\_\_\_