

SECTION 1. INSURED DETAIL(S)

Insured Name: _____

Period of Insurance: _____ / _____ / _____ Limit of Indemnity: _____

Policy No: _____ Contact Details: _____

ABN: _____ Input Tax Credit %: _____

Broker/Agent: _____ Claims Contact: _____

SECTION 2. DETAILS OF PROPERTY DAMAGE/PERSONAL INJURY

Date of Loss: _____ / _____ / _____ Time of Accident/Loss: _____ / _____ / _____

Please provide a detailed description of accident or loss including extent of any property damage or personal injury caused:

Have you admitted liability or fault for the property damage or personal injury caused:

Please complete relevant section applicable to your claim, accident or loss

Details of Personal Injury

Was there any personal injury? Yes No

Please state name, address and contact details of injured person below:

1. Injured Person's Name: _____ Contact Details: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Please detail nature and extent of injuries:

Details of any treatment received including name of doctor and/or hospital (if applicable):

SECTION 2. DETAILS OF PROPERTY DAMAGE/PERSONAL INJURY

2. Injured Person's Name: _____ **Contact Details:** _____

Address: _____

Suburb: _____ **State:** _____ **Postcode:** _____

Please detail nature and extent of injuries:

Details of any treatment received including name of doctor and/or hospital (if applicable):

Additional Information (if applicable):

Details of Property Damage

Was there any property damage? Yes No

Please state name, address and contact details of third party details below:

Address: _____

Suburb: _____ **State:** _____ **Postcode:** _____

Please detail nature and extend of damage caused:

SECTION 3. FURTHER INCIDENT/CLAIM PARTICULARS

Name and contact of employee in charge at the time of the accident/claim:

Have you taken any step to mitigate or reduce the possibility of a reoccurrence of the same conditions which lead to the accident or loss?.

If 'Yes' please provide details below:

Please provide details of all witness who were present at time of property damage or personal injury:

Witness Name 1: _____ **Contact Details:** _____

Address: _____

Suburb: _____ **State:** _____ **Postcode:** _____

Nature of relationship to the insured:

Witness Name 2: _____ **Contact Details:** _____

Address: _____

Suburb: _____ **State:** _____ **Postcode:** _____

Nature of relationship to the insured:

Please advise approximate amount AUD that will cost or repair or replace the property damaged caused:

Will you be attaching any diagram, photos or correspondence which may assist us to with the assessment of this claim;

If 'yes' please provide brief description of their content below:

Please attached any demands, quotation for damaged caused or correspondence that will assist with setting a reserve for this claim.

PRIVACY STATEMENT

Brooklyn collects personal information in order to provide its various services which include insurance broking, claims management, risk management consultancy, underwriting management, and reinsurance.

If the personal information Brooklyn requests from You is not provided, Brooklyn or any involved third party may not be able to provide the appropriate services.

Brooklyn discloses personal information to third parties who are involved in the provision of Our services. For example, in arranging and managing Your insurance needs Brooklyn may provide information (including sensitive information such as health information) to insurers, reinsurers, other insurance intermediaries, it's advisors such as loss adjustors, lawyers and accountants, and other parties involved in the claims handling process.

By submitting Your Proposal and continuing to deal with Us, You confirm on Your behalf and/or on behalf of those You represent consent to Brooklyn and these parties collecting, using and disclosing personal and sensitive information about You.

Brooklyn has a duty to maintain the confidentiality of its client's affairs which includes their personal information. Our duty of confidentiality applies except where disclosure of Your personal information is with Your consent or required by law.

Brooklyn may make use of Your personal information to provide You with information about its products and services. Simply contact the Brooklyn Privacy Officer on the details below if You would like to:

- Access the personal information Brooklyn holds about You
- Update or correct the information Brooklyn holds about You
- Discuss Your privacy concerns
- Be removed from the mailing list to receive information about Brooklyn products and services

Privacy Officer
Catlin Australia Pty Limited
trading as Brooklyn Underwriting
Angel Place, Level 28
123 Pitt Street
Sydney NSW 2000
t: (02) 8270 1790
e: privacyaustralia@axaxl.com

PRIVACY AND CONSENT STATEMENT

We are committed to respecting your privacy and wish to ensure that you are not only aware of our Privacy Policy but provide your informed permission for us to collect, use and disclose your personal information for the following purpose:

- (a) investigating of potential claims; and
- (b) claims processing.

In the course of undertaking our functions and activities as stated above, it may be necessary to collect from and disclose to the following third parties your personal information (including sensitive information and health information):

- (a) investigators and cost assessors;
- (b) experts, medical advisors;
- (c) solicitors; and
- (d) persons/organisations engaged or requested by Certain Underwriters at Lloyd's to assist in the processing and determination of your claim.

PRIVACY AND CONSENT STATEMENT

Except as stated above or as otherwise required or authorised by law, we will not collect, use or disclose your personal information to any other third party without your prior knowledge or consent.

Collection of your personal information is governed by the Privacy Act 1988 (Cth) and/or with your consent.

You are permitted to access your information held by us and should contact our Privacy Office if you wish to do so or if you have any questions about the way we handle your personal information.

If necessary personal information is not provided, we will be unable to process or continue to process your claim or investigate a potential claim.

I have read and Understood this Privacy and Consent Statement and consent to the collection, use and disclosure of my personal information by Certain Underwriters at Lloyd’s to those persons/organisations as stated above, in order that my claim can be processed.

SIGNATURE/DATE

Insured Signature: _____ Date: ____/____/____

Insured Title: _____