

## Forestry Bushfire Insurance

### About this claim form

- Please remember that under no circumstances should you:
  - admit liability
  - make any offer of settlement
  - enter into any correspondence in connection with your claim without prior consent from Liberty (Liberty)
- If defence costs are included as a covered loss, appointment of legal representation should not be initiated without the prior consent of Liberty.
- Liberty has the right to refuse to pay a claim or cancel your insurance if you submit a fraudulent claim.
- If you have any questions regarding the completion of this claim form, please contact your insurance advisor or broker.

### Helpful instructions

In the event of an incident, contact **James Paul on +61 2 8298 5974** or email [crisis.adminap@libertymutual.com](mailto:crisis.adminap@libertymutual.com). Reporting the incident to Liberty is in accordance with the terms of the notice of requirements in Clause 7.2 of the policy.

We know that making a claim is often done at a stressful time and understand the importance of processing your claim as quickly as possible. We are committed to ensuring your claim is handled efficiently, honestly, and fairly.

- To avoid delays with your claim, its important that you provide answers to all of the questions, and include any additional documentation if applicable.
- Please read this claim form in full before you answer the questions.

### Ready to submit your claim form?

If so, to avoid any delays, please double check that you have followed all of the instructions, then save, print and scan the completed claim form and email it to your insurance advisor or broker.

# Claim form



## 1. POLICY HOLDER

Insured name

Policy number

Address

Suburb

State

Postcode

Email

Telephone

## 2. INCIDENT DETAILS

Date of loss

How the fire started

When the fire first started

Location of the loss

Estimated size of the loss (in hectares)

Details of any other insurance which cover the damaged area (if any)

## 3. SIGNATURE

I/We (print name in full)

(position)

I/We (print name in full)

(position)

hereby declare that the foregoing particulars are true and correct to the best of my/our knowledge and belief.

Signature

Date

Signature

Date

# Claim form



## Privacy Notice

Liberty Mutual Insurance Company, Australia Branch (ABN 61 086 083 605) incorporated in Massachusetts, USA (the liability of members is limited) (**Liberty**) is part of the Liberty Mutual Group headquartered in the United States.

We collect personal information to provide insurance products and services, manage claims and support related business operations. This may include information collected from insurance brokers, intermediaries, or directly from you. If you do not provide the personal information requested, we may be unable to offer the appropriate type or level of service.

If you provide Liberty with personal or sensitive information about other individual, you must ensure they are aware of this notice and have consented to the disclosure. If you have not done so, please inform Liberty before sharing their data.

Your personal information may be disclosed to Liberty's related entities, reinsurers, insurance intermediaries, loss adjusters, legal and professional advisors and other service providers. We may also store your information with third party cloud or electronic storage providers.

Some recipients may be located overseas in the United States, Canada, United Kingdom, European Union, India, China, Australia, Hong Kong, Singapore and Malaysia. Where reasonably necessary, your information may be transferred to countries without comparable data protection laws to deliver the services you request. By engaging with Liberty, you consent to these cross-border transfers unless you notify us otherwise in writing.

We are committed to protecting your privacy and ensuring transparency in how we use your personal information. As part of this commitment, we confirm Liberty does not currently use automated decision-making (**ADM**).

You may access or seek correction of your personal information, make a privacy complaint, or raise any queries by contacting Liberty's Privacy Officer: [privacy.officer.ap@libertymutual.com](mailto:privacy.officer.ap@libertymutual.com). If you require a physical mailing address, please contact the Privacy Officer via email.

For more information, and to view the relevant privacy policy for your jurisdiction, visit: [Australia Privacy Policy](#).