



# **SOLUTION GENERAL LIABILITY CLAIM FORM**

## **Solution Underwriting Agency Pty Ltd**

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# Solution

## Liability Claim Form

### IMPORTANT NOTICES

#### General Insurance Code of Practice

Great Lakes Australia is a signatory to the General Insurance Code of Practice. The Code aims to raise standards of service between insurers and their customers. For any information about the Code, including a copy of the Code, contact the Financial Ombudsman Services (Australia) on 1800 or visit [www.codeofpractice.com.au](http://www.codeofpractice.com.au)

#### Your duty of disclosure

This policy is subject to the Insurance Contracts Act 1984 (Act). Under that Act you have a Duty of Disclosure.

Before you take out insurance with us, you have a duty to tell us of everything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms. If you are not sure whether something is relevant you should inform us anyway.

You have the same duty to inform us of those matters before you renew, extend, vary, or reinstate your contract of insurance. The duty applies until the policy is entered into, or where relevant, renewed, extended, varied or reinstated (Relevant Time). If anything changes between the time the answers are provided to us or disclosures are made and the Relevant Time, you need to tell us.

Your duty however does not require disclosure of matters that:

- reduce the risk;
- are common knowledge;
- we know or, in the ordinary course of our business, ought to know, or
- we have indicated we do not want to know.

If you do not comply with your duty of disclosure, we may be entitled to:

- reduce our liability for any claim;
- cancel the contract;
- refuse to pay the claim, or

avoid the contract from its beginning, if your nondisclosure was fraudulent.

#### Privacy

In this Privacy section 'we', 'us' or 'our' means Great Lakes Australia and Solution, unless specified otherwise.

We are committed to the safe and careful use of your personal information in the manner required by the *Privacy Act 1988* (Cth) and the Australian Privacy Principles.

We collect your personal information in order to assess your application for insurance and, if your application is accepted, to administer and manage your policy and respond to any claim that you make.

To do this, your personal information may need to be disclosed to reinsurers and service providers and related entities who carry out activities on our behalf, such as assessors and facilitators, some of whom may be located in overseas countries. Our contractual arrangements generally include an obligation for these reinsurers, service providers and related entities to comply with Australian privacy laws.

By providing us with your personal information, you consent to the disclosure of your personal information to reinsurers, service providers and related entities in overseas countries to enable us to assess your application, to administer and manage your policy and to respond to any claim that you make. If you consent to the disclosure of your personal information to overseas recipients, and the overseas recipient handles your personal information in a way other than in accordance with the Australian privacy laws, we may not be responsible for the handling of your personal information by the overseas recipient.

If you choose not to provide your personal information and/or choose not to consent and/or withdraw your consent to the disclosure of your personal information at any stage, we may not be able to assess your application or administer and manage your insurance policy and respond to any claim that you make.

Our Privacy Policies contain information on how you may access personal information that each of us hold, or seek correction of your personal information and information on how to make a complaint about the handling of your personal information and how complaints are handled. If you require more information, you can access the Great Lakes Australia Privacy Policy and Privacy Statement at [www.munichre.com/io/gla/en/privacy\\_statement.aspx](http://www.munichre.com/io/gla/en/privacy_statement.aspx).

You can also download a copy of Solution's Privacy Policy by visiting [http://www.solutionunderwriting.com.au/uploads/downloads/Privacy\\_Policy\\_Statement.pdf](http://www.solutionunderwriting.com.au/uploads/downloads/Privacy_Policy_Statement.pdf)

#### 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 input tax credit 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 input tax credit that you are or may be entitled to claim on payment of the excess.

## Dispute Resolution Process

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If you are not satisfied with our service please tell us so we can help. We will address complaint missed the rest of this wording - looks like the message box ran out of space in accordance with Great Lakes Australia's Complaints Handling Process and the Insurance Council of Australia's Code of Practice.

If you have a complaint:

### Step 1: Contact us

You can contact us by:

**Postal Address:** Level 5, 289 Flinders Lane  
Melbourne, Victoria. Australia 3000

**Tel:** +61 3 9654 6100

**Fax:** +61 3 9654 6200

**Email:** [solution@solutionunderwriting.com.au](mailto:solution@solutionunderwriting.com.au)

If we require additional information we will contact you to discuss. If your complaint is not immediately resolved we will respond within 15 business days of receipt of your complaint or agree on a reasonable alternative timetable with you.

### Step 2: Internal Dispute Resolution

If you are not satisfied with our response you may refer it in writing to our Internal Dispute Resolution panel, which is independent of the original complaint review.

**Email:** [disputes@gla.com.au](mailto:disputes@gla.com.au)

**Postal Address:** Attn: Dispute Resolution Officer  
Great Lakes Australia  
PO Box H35  
Australia Square NSW 1215

The panel will respond within 15 business days. If the panel cannot respond within 15 business days, the panel will agree a reasonable alternative timetable with you. If the panel cannot reach an agreement on an alternative timetable, the panel will advise you of your right to take your complaint to the FOS.

### Step 3: External Dispute Resolution scheme

If we are unable to resolve your complaint within 45 days of the date we first received your complaint or if you remain unsatisfied, you can seek a free review by the FOS. The FOS is an independent national body and we agree to accept its decision.

You can contact the FOS by:

**Postal Address:** Financial Ombudsman Service Ltd,  
GPO Box 3, Melbourne VIC 3001  
Tel: 1300 78 08 08

**Email:** [info@fos.org.au](mailto:info@fos.org.au)

**Website:** [www.fos.org.au](http://www.fos.org.au)

**Section 1****Policy Information**

Name \_\_\_\_\_

Business or Trading Name \_\_\_\_\_

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

Address details \_\_\_\_\_  
\_\_\_\_\_

Contact Name \_\_\_\_\_

Occupation \_\_\_\_\_

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

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

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/incident Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_ am/pm

Location of claim/incident \_\_\_\_\_

Provide a description of claim/incident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Provide details of damaged property 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 \_\_\_\_\_  
\_\_\_\_\_Were emergency services such as an ambulance, police or fire brigade contacted? 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 claim against you**

Name \_\_\_\_\_

Address details \_\_\_\_\_

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

Solicitor's Name \_\_\_\_\_

**Section 4****Witnesses**

Name – witness one \_\_\_\_\_

Address details \_\_\_\_\_

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

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

Name – witness two \_\_\_\_\_

Address details \_\_\_\_\_

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

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

**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.

I consent to Solution using my personal information I have provided on this form for the purposes of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however, Solution may not be able to process my claim.

I consent to Solution disclosing my personal information to other insurers, an insurance reference service or as required by law. I consent to Solution also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

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

Please indicate the number of additional pages attached to this claim form: \_\_\_\_\_