

# PRODUCT RECALL INSURANCE

#### About this claim form

- Please remember that under no circumstances should you:
  - · admit any liability
  - make any offer of settlement
  - enter into any correspondence in connection with your claim without prior consent from Liberty Specialty Markets (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, contacting the Crisis Centre Hotline in the critical first hours and days determines the impact of the crisis on your business. Please also report the incident to Liberty.

- Have you contacted the Crisis Centre Hotline and reported the incident? If not, please do so immediately on +61 2 8823 1999 and alert our dedicated crisis management consultants of the event. They will provide advice and assistance and respond to Liberty's policy holders emergency situations as a priority. They are available globally, 24 hours a day, 7 days a week.
- Have you contacted Liberty to report the incident? If not, please call James Paul on +61 2 8298 5974 or email
  crisis.adminAP@libertyglobalgroup.com. Reporting the incident to Liberty is in accordance with the terms of
  the notice of requirements in Clause 6.2 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.

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1. POLICY HOLDER		
Insured name		
Policy number		
Address		
Suburb	State	Postcode
Email	Telephone	
2. INCIDENT DETAILS		
Please provide the date that the issue was first	discovered:	
Who first discovered the issue?		
Provide a brief description of the product and th	e circumstances of the incident:	
Who is the manufacturer of the product?		
In which country is the product manufactured?		
What is your involvement with the product (e.g.	wholesaler, retailer, manufacturer)?	
Provide a brief description of any previous recal	lls or withdrawals of the product:	
When was the incident first discovered?		



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Has the source or cause of the incident been identified?	Yes	No
If yes, what was the source or cause?		
What steps have been taken to verify the nature of the incident and by who?		
What is the effect of the incident discovered? (e.g. potential allergen, foreign body contamination, fire or chok	ing hazard	d)
	J	,
Has the product been: Recalled Yes No Withdrawn? Yes No		
What would be the consequences of using or consuming the product to the end user?		
The contract of the contract o		
Please provide a broad description of the various costs incurred or expected to be incurred due to the inciden	nt:	
Description	AU\$	





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Was the incident been caused or contributed to by inaction or actions of other parties? Yes No If yes, please provide those parties' details and describe how they caused/contributed to the incident: Yes Do you have contractual arrangement with other parties? No If yes, please state the contractual arrangements in place: Have these third parties been notified of the incident? Yes No



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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	

#### **Privacy Notice**

Liberty Specialty Markets is a trading name of Liberty Mutual Insurance Company, Australia Branch (ABN 61 086 083 605) incorporated in Massachusetts, USA (the liability of members is limited) (Liberty). It is a member of Boston-based Liberty Mutual Group. Liberty Australia's head office contact details are:

Address: Level 38, Governor Phillip Tower, 1 Farrer Place, Sydney NSW 2000, Australia Phone: +61 2 8298 5800

Liberty is bound by the Privacy Act 1988 (Cth) and its associated Australian Privacy Principles when it collects and handles your personal information.

Liberty collects personal information, including from insurance brokers, in order to provide its services and products, manage claims and for purposes ancillary to its business. Liberty passes it to third parties involved in this process such as Liberty's related companies, reinsurers, agents, loss adjusters and other service providers. We may store your information with third party cloud or other types of networked or electronic storage providers. Third parties may be located locally or overseas in the United States, Canada, United Kingdom, Singapore, Hong Kong and Malaysia. Your information may be transferred to countries without comparable privacy laws if it is reasonably necessary to provide you with the products or services you seek from Liberty. If you do not provide the personal information Liberty or other relevant third parties require to offer you specific products or services, Liberty may not be able to provide the appropriate type or level of service.

If you wish to gain access to or correct your personal information, make a privacy complaint, or if you have any query about how Liberty collects or handles your personal information please write to Liberty's Privacy Officer at the address above or by emailing: privacy.officer.ap@libertyglobalgroup.com. To obtain a copy of Liberty's Privacy Policy go to Liberty's website (libertyspecialtymarkets.com.au) or request a copy from Liberty's Privacy Officer.

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