



CONTAMINATED PRODUCTS INSURANCE

Important Notice

Please read this Claim Form prior to answering the questions.

ALL questions must be answered as fully as possible. Please use additional sheets if necessary and copies of all relevant documentations should be attached.

If you have any questions in relation to completion of the Claim Form, please contact your insurance advisor or broker.

Please send the completed Claim Form, as soon as possible, to your insurance advisor or broker.

If Defence Costs are included as a Covered Loss, appointment of legal representation should not occur without the prior consent of Liberty Specialty Markets (Liberty).

Liberty has the right to refuse to pay a claim or cancel your insurance if you submit a fraudulent claim.

You are reminded that in no circumstances should you admit any liability or make any offer of settlement or enter into any correspondence without prior consent from Liberty.

1. POLICY HOLDER

Insured Name

Policy Number

Address

Email

Telephone

2. INCIDENT DETAILS

Date issue was first discovered by Insured:

Brief description of the product and the circumstances of the incident:

Who manufactures the product?

Where is it manufactured?

What is your involvement with the product (e.g. wholesaler, retailer, manufacturer)?

Brief description of any previous recalls or withdrawals of the product?

When was the incident first discovered?

Who first discovered it?

Has the source or cause of the incident been identified?

What was the source or cause of the incident?

What steps have been taken to verify the nature of the incident and by whom?

What is the effect of the incident discovered? (e.g. potential allergen)

Has the product been:	recalled?	Yes	No	withdrawn?	Yes	No
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What would be the consequences of using or consuming the product to the end user?

Please provide a broad description of the various costs incurred or expected to be incurred due to the incident:

Has the incident been caused or contributed to by inaction / actions of other parties? Yes No

If yes, please provide those parties' details and describe how they caused / contributed to the incident:

What contractual arrangements (if any) do you have with these other parties?

Have these third parties been notified of the incident?

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: Locked Bag 18, Royal Exchange NSW 1225, 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.

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