

Important Notices

Binder Agreement

The contract of insurance is arranged by Miramar Underwriting Agency Pty Ltd (ABN 97 111 534 797, AFSL 314176) ('Miramar') acting under a binding authority as agent for the insurer, certain underwriters at Lloyd's. Miramar does not act as Your agent.

Privacy Statement

In this Privacy Statement the use of "We", "Us" and "Our" means the Underwriters and Miramar unless specified otherwise.

The Privacy Statement set out below refers to Miramar's Privacy Policy in dealing with Your information and processing Your insurance Policy. This will differ from the privacy policy of Your broker as set out on their website.

We are committed to protecting Your privacy. We are bound by the obligations of the *Privacy Act 1988* (Cth) and the Australian Privacy Principles. These set out basic standards relating to the collection, use, storage and disclosure of personal information.

We need to collect, use and disclose Your personal information (which may include sensitive information) in order to consider Your application for insurance and to provide the cover You have chosen, administer the insurance and assess any claim. You can choose not to provide Us with some of the details or all of Your personal information, but this may affect Our ability to provide the cover, administer the insurance or assess a claim.

The primary purpose for Our collection and use of Your personal information is to enable Us to provide insurance services to You.

We may collect personal information in a number of ways, including directly from You via our website or by telephone or email. Personal information will be obtained from individuals directly where possible and practicable to do so. Sometimes it may be collected indirectly (e.g. from Your insurance intermediary or co-insureds). If You provide personal information for another person You represent to Us that:

- You have the authority from them to do so and it is as if they provided it to Us;
- You have made them aware that You will or may provide their personal information to Us, the types of third parties We may provide it to, the relevant purposes We and the third parties We disclose it to will use it for, and how they can access it. If it is sensitive information We rely on You to have obtained their consent on these matters. If You have not done or will not do either of these things, You must tell Us before You provide the relevant information.

We may disclose the personal information We collect to third parties who assist Us in providing the above services, such as related entities, distributors, agents, insurers, reinsurers and service providers. Some of these third parties may be located outside of Australia including Philippines, Vietnam, Malaysia and United Kingdom. Before We disclose personal information to third parties who may be located overseas, We will take reasonable steps to ensure that the overseas recipient holds and uses Your personal information in accordance with the consent provided by You and in accordance with Our obligations under the *Privacy Act 1988* (Cth).

In dealing with Us, You consent to Us using and disclosing Your personal information and Your sensitive information that is reasonably necessary for, or directly related to, one or more of the functions and activities set out in this statement. This consent remains valid unless You alter or revoke it by giving written notice to Our designated Privacy Officer. However, should You choose to withdraw Your consent, We may not be able to provide insurance services to You.

Miramar's Privacy Policy which is available at www.miramaruw.com.au or by calling Miramar, sets out how:

- Miramar protects Your personal information;
- You may access Your personal information;
- You may correct Your personal information held by Us;
- You may complain about a breach of the *Privacy Act 1988* (Cth) or Australian Privacy Principles and how Miramar will deal with such a complaint.

If You would like additional information about privacy or would like to obtain a copy of the Privacy Policy, please contact Our designated Privacy Officer by:

- **Postal Address:** PO Box A2016, Sydney South NSW 1235
- **Phone:** +61 2 9307 6656
- **Email:** privacyofficer@steadfastagencies.com.au

You can download a copy of Miramar's Privacy Policy by visiting www.miramaruw.com.au

Important Information for Completion of Claim Form

- Please keep a copy of all documentation you send to us for your own record.
- Please use the notes section on page 6 if you need more space to complete any question.
- To ensure prompt attention to your claim, please complete this Claim Form in full and submit it to us as soon as possible.
- If you have received estimates for the cost of repair or replacement of lost or damaged items, at the time of completing this Claim Form, these should be attached to this Claim Form.
- If you have receipts for repair work already completed, please attach them to this Claim Form. Excess will be deducted from the total amount claimed.
- Please do not destroy or dispose of the damaged property until we give permission, we may need to inspect it.

Property Insurance Claim Form



<input type="text"/>
INSURED
<input type="text"/>
POLICY NUMBER

BROKER DETAILS

CONTACT DETAILS

<input type="text"/>	<input type="text"/>
FIRST NAME	LAST NAME
<input type="text"/>	<input type="text"/>
TELEPHONE	FAX
<input type="text"/>	<input type="text"/>
MOBILE	EMAIL ADDRESS

POLICY DETAILS

CONTACT DETAILS

<input type="text"/>	<input type="text"/>
FIRST NAME	LAST NAME
<input type="text"/>	<input type="text"/>
TELEPHONE (DAY)	TELEPHONE (EVENING)
<input type="text"/>	<input type="text"/>
MOBILE	EMAIL ADDRESS
<input type="text"/>	
POSITION (E.G. DIRECTOR, CFO)	

POSTAL ADDRESS

<input type="text"/>	<input type="text"/>
NUMBER, STREET ADDRESS	CITY / SUBURB
<input type="text"/>	<input type="text"/>
STATE	POSTCODE
<input type="text"/>	
COMPANY DEALINGS	

GST

What percentage of GST or Premium is/has been applied as an Input Tax Credit?

 %

THIRD PARTY DETAILS

PERSONAL DETAILS

<input type="text"/>	<input type="text"/>
FIRST NAME	LAST NAME
<input type="text"/>	<input type="text"/>
PHONE NUMBER	REGISTRATION NUMBER (IF IMPACT DAMAGE)
<input type="text"/>	
MAKE AND MODEL OF VEHICLE (IF APPLICABLE)	
<input type="text"/>	
INSURER AND POLICY OR CLAIM REFERENCE NUMBER	

CLAIM PARTICULARS

LOCATION OF LOSS / DATE / TIME / DESCRIPTION

NUMBER, STREET ADDRESS

CITY / SUBURB

STATE

POSTCODE

DATE (DD/MM/YY)
 TIME
 Date Damage Discovered
 DATE (DD/MM/YY)

Please describe what happened:

Who discovered the loss or Damage? FIRST NAME LAST NAME

Do you consider any other party responsible for the loss or Damage? Yes No

Were there any witnesses to the loss? Yes No

At the time of the event, was any other insurance cover in force relevant to the event you are claiming for? Yes No

If 'Yes', please provide details:

If applicable:
When were Police advised? DATE (DD/MM/YY) TIME

Police Station? POLICE STATION CRIME REFERENCE NUMBER

BURGLARY/THEFT CLAIMS

Describe the method of entry and the precautions in force at the time of loss or Damage?

Please list all items that are subject to this claim

DESCRIPTION	AGE	MARKET PRICE	COST TO REPAIR	COST TO REPLACE	AMOUNT CLAIMED

BURGLARY/THEFT CLAIMS (CONTINUED)

DESCRIPTION	AGE	MARKET PRICE	COST TO REPAIR	COST TO REPLACE	AMOUNT CLAIMED
LESS EXCESS					\$
TOTAL					\$

INSURED'S BANKING DETAILS

Note: If your claim is accepted, settlement will be made via EFT. Please enter bank details below.

DIRECT DEBIT INFORMATION

ACCOUNT NAME

BANK NAME

 BSB NUMBER ACCOUNT NUMBER

DECLARATION

I consent to Miramar and the Insurer collecting, storing, using and disclosing personal information as set out in the Privacy Statement. If I have provided or will provide information to Miramar and the Insurer about any other individuals, I confirm that I am authorised to disclose his or her personal information to Miramar and the Insurer and also to give this consent on both my and their behalf.

I declare that, to the best of my knowledge and belief, the information in this Claim Form is true, complete and correct and I understand the claim may be refused or reduced if information is false or withheld.

I understand that I may have to provide relevant documentation to enable complete consideration of my claim.

Declarant

NAME
TITLE
SIGNATURE
DATE (DD/MM/YY)

Send completed Claim Form to:

Email: claims@steadfastagencies.com.au

Post: Miramar Underwriting Agency Pty Ltd
PO Box A2016, Sydney South NSW 1235

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