

ARAG General Claim Form

ARAG Services Australia Pty Ltd
P.O. Box 94Q,
QVB NSW 1230

Tel: (02) 8066 0162
Email: claims@arag.com.au

Please complete this form and return it with all relevant supporting documentation to the above email or postal address.

We will process Your Claim promptly and provide our acknowledgement following Your Claim notification confirming your Claim number and requesting any further information (if applicable). Please do not instruct a solicitor or other professional services provider or advisor in relation to this matter. All legal appointments are made by ARAG Services Australia and Our Claims Administrator. Please be advised that ARAG Services Australia has an approved panel of providers in the event of a Claim. Any fees or expenses incurred without Our authority are not covered under Your Policy.

Important Note

You are reminded that the information You are about to provide must be true and accurate to the very best of Your knowledge or belief. An insurance contract is one of utmost good faith, so if in any doubt as to the relevance of a factor, You should declare it. We would ask You to ensure that the information You are about to provide is true and accurate to the best of Your knowledge or belief. Any person who knowingly and intentionally attempts to defraud any insurance company or files a statement of Claim containing information which is false, or conceals information with the intent to mislead, is committing a crime and is liable to prosecution. Such an event will also render the Policy and any cover under it, void.

ARAG General Claim Form

Section 1 – Your details

Your Name/Entity

ABN/ACN (if applicable)

Contact name (if a company)

Address

State/Post code

Contact tel. no.

Email address

D.O.B (if not entity)

Are you registered for GST?

Yes

No

We suggest email as the usual method of correspondence. If, however You would prefer not to be contacted this way, please indicate below:

Yes, email is ok

Please do not email

Payments made to You will normally be paid directly into Your bank account by electronic transfer. Please therefore advise:

Bank Account Number

Name of Account holder

BSB Number

Section 2 – Policy details

Name of the broker or agent that sold You the cover

Broker/Agent's address

State/Post code

Contact tel. no.

Name of Insured (if different than claimant)

Policy number

Date cover first commenced

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Do You hold any other insurance which may cover this Claim?

Yes No

If yes, please provide details including Policy number

Section 3 – Details of the Claim

Please indicate the type of Claim involved

Employment

Contract

Personal Injury

Property

Tax/GST

Other

Please state:

The date of the event that led to the Claim occurring

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

The date You became aware You might have a Claim

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Name of the party with whom You are in dispute

Their address and contact details

Please give brief details of the circumstances surrounding the Claim (continue on a separate sheet if necessary).

Please attach copies of any relevant documents, for example a copy of any agreement or summons received relating to the Claim.

Please do not send original documentation as We cannot guarantee its safety. Unless We receive written instructions to the contrary, any documentation supplied will be destroyed once it has been scanned onto Our computer system.

Please do not write "please see attached"; any Claim form not providing a simple summary of the events leading up to the Claim will be returned which will cause a delay in its assessment.

Legal information helpline

Have You sought information from Our legal information helpline?

Yes No

If "yes", please state when

D	D	M	M	Y	Y	Y	Y	H	H	M	M
---	---	---	---	---	---	---	---	---	---	---	---

Section 4 – Declaration

I declare that the information supplied in this form and the documents sent in support of the Claim represent a true, complete and honest statement of the facts and that I was not aware these could give rise to a Claim at the time of taking out the cover.

This is a summary of how ARAG collects, uses, shares and stores personal information. To view Our full privacy statement, please see ARAG's website at www.arag.com.au/privacy-policy.

ARAG may be required to collect certain personal or sensitive information which may include name, address, date of birth and if appropriate medical information. ARAG will hold and process this information in accordance with the Privacy Act. Should ARAG ask for personal or sensitive information, it shall only be used in accordance with ARAG's privacy statement. ARAG may also collect information for other parties such as suppliers it appoints to process the handling of a Claim.

The reason ARAG collects personal or sensitive information is to fulfil its contractual and regulatory obligations in providing this insurance product, for example to process premium, to administer this policy, resolve complaints, process renewals, for internal business purposes or to handle a Claim.

To fulfil these obligations, ARAG may need to share personal or sensitive information with other organisations as set out in ARAG's privacy policy. We may need to share Your personal or sensitive information with other organisations. We will not disclose Your personal or sensitive information for any purpose other than the purpose for which it was collected.

I agree that this information can be forwarded to an appropriate third party but solely for the purposes of assisting or dealing with the Claim.

I also agree that the third party can disclose to ARAG Australia any information it reasonably requests from them relating to my Claim.

Execution by claimant/Insured

Signed _____ Name _____

Position _____ Date _____

If the claimant is someone other than the Insured, the Insured must sign below to confirm that they have given authority to the claimant to make this Claim under the Policy.

I declare that the above person is duly authorised to make this Claim

Execution by Insured (where applicable)

Signed _____ Name _____

Position _____ Date _____

Please note: we require You provide a copy of your most recent policy schedule when returning Your Claim form and failure to include this may result in the delay of Your Claim's assessment.

Schedule included Schedule not included

Section 5 – Password

In order to identify You, we will require you to confirm Your identity should You need to call Our office regarding Your claim. We will do this by verifying the details contained within Section 1 of this form with You and also by validating Your answer to the below which will form Your password when calling Our offices about Your Claim.

Memorable place

Disclaimer: ARAG Services Australia Pty Ltd (ABN 14 627 823 198) (ARAG) has been granted delegated authority by the Insurer to enter into, vary or cancel policies and handle claims on their behalf. In providing these services, ARAG acts on behalf of the Insurer and not as Your agent. ARAG is authorised to provide financial services in accordance with its Australian Financial Services Licence (AFS Licence number 513547). Any advice provided by ARAG in relation to this product is general in nature and does not take into account Your individual circumstances. The Insurer is detailed in Your Policy documents. All enquiries should be addressed to ARAG.