

Fusion Claim Form

IMPORTANT NOTICE

- Please read this Claim Form fully before completing it.
- The Claim Form is to be signed by a Partner, Director or Principal of the Insured.
- All questions that apply to your claim must be answered as fully as possible.
- Please complete and attach additional pages if necessary and attach copies of all relevant documentation.

1. Your Details

| | | | |
|---|----------------------------------|----------------------------|-------------------------------|
| Policy number | <input type="text"/> | | |
| Policy period | <input type="text"/> | | |
| Type of policy | <input type="text"/> | | |
| Name of Insurer | <input type="text"/> | | |
| Name of Insured | <input type="text"/> | | |
| Postal address | <input type="text"/> | | |
| | Suburb/Town <input type="text"/> | State <input type="text"/> | Postcode <input type="text"/> |
| Phone number | <input type="text"/> | | |
| Email address | <input type="text"/> | | |
| Is there any other insurance that may be applicable to this notification? If so, provide full details | <input type="text"/> | | |

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2. Third party claims

| | |
|---|--|
| Claimant's full name | <input type="text"/> |
| Postal address | <input type="text"/> |
| Phone number | <input type="text"/> |
| Email address | <input type="text"/> |
| When did you first become aware of the claim or potential claim? | <input type="text"/> |
| Has a demand been made against you? | <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , provide details: |
| | <input type="text"/> |
| Does the claim involve a product that you manufactured or supplied to another person? | <input type="checkbox"/> No <input type="checkbox"/> Yes If yes , provide details of the product: |
| | <input type="text"/> |
| Detailed outline of the claim | <input type="text"/> |

Please attach a copy of all supporting documents including but not limited to retainer, letters of demand and court documents.

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3. Admissions

Have you admitted responsibility/liability for the damage or injury?
(If not, do not do so)

No Yes If **yes**, please provide details:

To avoid delays in processing your claim, please attach all supporting documents including but not limited to original invoices, receipts, manuals, pictures, reports and replacement quotes.

4. Goods and Services Tax (GST)

Are you registered for GST?

Yes No

What is your ABN?

What is your entitlement to an Input Tax Credit?

If you are not registered for GST in the event of a claim, your insurer will reimburse you the GST component in addition to the amount that they pay.

If you are entitled to an Input Tax Credit the GST component will be deducted from the settlement amount. As such, you may be able to claim the GST component as part of your tax return in the next financial year. Please consult your tax adviser.

Please visit below link to assist in understanding GST issues in the context of insurance settlements:
[www.ato.gov.au/Business/GST/When-to-charge-GST-\(and-when-not-to\)/Insurance-settlements](http://www.ato.gov.au/Business/GST/When-to-charge-GST-(and-when-not-to)/Insurance-settlements)

5. Funds Transfer

In order that we may transfer settlement funds direct to your account we request that you provide your banking details.

Bank

Account Name

Account No.

BSBNo.

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Privacy statement

At Fusion, we are committed to protecting your privacy in accordance with the Privacy Act, 1988 (Cth) and the Australian Privacy Principles. We collect personal information from you, your agents and people involved in this claim to assist your insurer in investigating or processing the claim, to improve our customer service and products and to carry out research and analysis, including data analytics. This may include collection from third parties claiming under the policy, witnesses and medical practitioners. Failure to disclose information required may result in your insurer not being able to administer or declining the claim.

Fusion may disclose your information to:

- your insurer or their agents, contractors or third-party providers providing services related to the administration of the claim;
- assessors, third party administrators, emergency providers, retailers, medical providers, or any third parties or insurer from whom your insurer requires claim related information;
- entities to which Fusion is related and third party providers for data analytics functions; and government, law
- enforcement, dispute resolution, statutory or regulatory bodies, or as required by law.

Some of these entities may be located overseas.

Our Privacy Policy is available at fusion.insure or by contacting us on **+61(0) 400 801 128** and contains information about how you may access and correct your personal information, how to complain about a breach of the applicable privacy principles and how Fusion will deal with such a complaint.

By providing us with personal information you and any other person you provide personal information for, consent to these uses and these disclosures unless you tell us otherwise. If you wish to withdraw your consent, including for things such as receiving information on products and offers by us or persons we have an association with, please contact us.

Declaration

1. I/We certify that the information given in this form is truthful accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.
2. I/We authorise my insurer and its agents to give to, or obtain from, other insurers or any insurance reference bureau, any information relating to this claim or any other claim made by me/us or any insurance held by me/us.
3. I/We agree to immediately notify Fusion if any stolen or lost property forming part of this claim is recovered or found.
4. I/We acknowledge that my insurer may make its decision on whether and the extent to which may claim is covered having regard to the information I have provided as part of and accompanying this claim form.

Name

Insured's
Signature

Date

Email this completed form along with any supporting documents to flclaims@fusion.insure or post to **Fusion Claims Team, Level 29 Chifley Tower, 2 Chifley Square, Sydney NSW 2000.**

To avoid delays in processing your claim, please attach all supporting documents including but not limited to original invoices, receipts, manuals, pictures, reports and replacement quotes.

Head Office

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Sydney NSW 2000

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E: flclaims@fusion.insure

