



IMPORTANT NOTICES

Hollard Commercial Insurance Pty Ltd (ABN 86 603 039 023, AFSL 474540) ('HCI') acts under a binder as agent for The Hollard Insurance Company Pty Ltd ('Hollard') (ABN 78 090 584 473, AFSL 241436).

DEFINED TERMS

Some words used in this Claim Form have a special meaning as defined in the Policy wording and such other documents which make up the Policy which contain definitions.

GENERAL INSURANCE CODE OF PRACTICE

Hollard is a signatory to the General Insurance Code of Practice ('the Code'). The Code aims to raise standards of service between insurers and their customers. HCI's service standards are in accordance with the Code.

For any information about the Code, including a copy of the Code, contact Us or visit www.codeofpractice.com.au.

YOUR DUTY OF DISCLOSURE

Before you enter into an insurance contract, you have a duty of disclosure under the Insurance Contracts Act 1984.

It is your responsibility to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You do not need to tell Us anything that:

- reduces the risk We insure You for; or
- is common knowledge; or
- We know or should know as an insurer; or
- We waive Your duty to tell Us about.

If You do not tell Us something

If You do not tell Us anything You are required to, We may cancel Your contract or reduce the amount We will pay You if You make a claim, or both.

If Your failure to tell Us is fraudulent, We may refuse to pay a claim and treat the contract as if it never existed.

PRIVACY

In this Privacy Notice the use of "We", "Our" or "Us" means Hollard and Hollard Commercial Insurance unless specified otherwise.

We recognise that your privacy is very important to you. We are committed to protecting the privacy and security of your personal information in accordance with the Privacy Act, 1988. We generally collect personal information directly from you, or from someone authorised by you, in order to provide and administer the various products and services we offer, including marketing information regarding other products and services (of Ours or a third party). If we are unable to collect your personal information, we may not be able to assess your application or offer to issue the financial product or service to you. We may disclose your personal information to related parties, services providers and other third parties, including disclosure overseas (this can change from time to time and you should contact us for details and to see if this applies to you), in order to manage and administer the financial product or service or for other purposes as explained in Our Privacy Policy. You may reasonably obtain access to and ask us to correct your personal information that we hold. Our Privacy Policy can be viewed on our website www.hollard.com.au or a copy can be requested by phoning **02 9253 6600**.

GST

The limits of cover that You choose should exclude Goods and Services Tax (GST).

If You are not registered for GST in the event of a claim We will reimburse You the GST component in addition to the amount that We pay.

The amount that We are liable to pay under this Policy will be reduced by the amount of any input tax credit that You are or may be entitled to claim for the supply of goods or services covered by that payment.

If You are entitled to an input tax credit for the premium, You must inform Us of the extent of that entitlement at or before the time You make a claim under this Policy. We will not indemnify You for any GST liability, fines or penalties that arise from or are attributable to Your failure to notify Us of Your entitlement (or correct entitlement) to an input tax credit on the premium.

If You are liable to pay an excess under this Policy, the amount payable will be calculated after deduction of any input tax credit that You are or may be entitled to claim on payment of the excess.

DISPUTE RESOLUTION PROCESS

We welcome every opportunity to resolve any concerns You may have with Our products or service. In the first instance contact Your insurance broker.

If Your concern is still not resolved to Your satisfaction please contact HCl at:

Tel: 02 9253 6600

Email: resolution@hollard.com.au

Mail: Locked Bag 2010, St Leonards, NSW 1590

Please refer to Your Policy or HCl's Complaints Procedure for full details of Our Dispute Resolution Process.

Please send completed claim form to biclaims@hollardcommercial.com.au

COVID-19 BUSINESS INTERRUPTION CLAIM FORM



Hollard.
commercial insurance

The issue or acceptance of this form is not to be construed as an admission of liability on the part of the company.

Please provide complete details to the questions asked on this form. If there is insufficient space for your answers please attach a separate page.

1. YOUR DETAILS

Policy Number

Name of Insured

Occupation

Postal Address

<input type="text"/>	
<input type="text"/>	Post Code

Phone Number

Work/Mobile Number

<input type="text"/>	<input type="text"/>
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Email Address

2. INCIDENT DETAILS

Date of Occurrence

Time

<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/>
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Where did the event occur?

<input type="text"/>
Post Code

Did you receive an order to shut down your business?

No Yes If yes, please provide details of the order (please attach a copy of the order as part of the claims submission)

Are you claiming for interruption to your business due a localised COVID-19 outbreak within 20 kilometres of your location?

No Yes If yes, please provide specifics of where the infected person was located (please attach to your submission any evidence of location of the outbreak).

Period of your business interruption claim:

Date from: / / to / /

Please provide a brief description of the impact to business including details of interruption period being claimed:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

To assist us with your claim please provide the following documentation:

- 2018, 2019 & 2020 Financial Year Monthly Profit and Loss Statements (detailed with trading account summary included)
- BAS Lodgement Summary Statements for the following quarters:
 - 1 Jan to 31 Mar 19
 - 1 Apr to 30 Jun 19
 - 1 Jul to 30 Sep 19
 - 1 Oct to 31 Dec 19
 - 1 Jan to 31 Mar 20
 - 1 Apr to 30 Jun 20
 - 1 Jul to 30 Sep 20
 - 1 Oct to 31 Dec 20
 - 1 Jan to 31 Mar 21 (if being claimed)
- Monthly Job Keeper payment summaries from 31 March 2020
- Copy of any Government orders received
- Location details of any localised COVID-19 outbreaks.
- Details of any Government (State and Federal) COVID-19 support grants received.

Please note we may still request additional information in order to assist us in assessing your claims.

3. OTHER INSURANCE

Do you have any other insurance that covers the loss or damage being claimed?

No Yes If Yes, provide details:

Name of Insurer
<input type="text"/>
<input type="text"/>



4. SCHEDULE

Please provide full details of your loss if there is insufficient space below please attach a separate piece of paper with the details:

Table with 5 columns: Period being claimed, Revenue prior to event, Revenue during the event, Savings* achieved in period being claimed, Total claim

Savings* Job keeper payments, reduction in operating costs such as electricity, etc

5. PREVIOUS CLAIMS

Please provide details of Claims in the last three years:

No Yes If Yes, provide details:

Name of Insurer

7 FUNDS TRANSFER

In the event that your claim is accepted as a covered claim and in order that we may transfer settlement funds direct to your account we request that you provide your banking details.

Bank: Account No. BSB No

6. GOODS AND SERVICES TAX (GST)

Please complete the declaration below and advise us of your GST status.

I/We declare that the items claimed on this form are used solely for:

- Private/Domestic purposes
Business purposes

Please provide details if only part of your claim relates to property used for business purposes.

Empty text box for business property details

Please provide details of your GST status:

- Not entitled to Input Tax Credit
Entitled to % Input Tax Credit

If you are entitled to an Input Tax Credit, please provide your A.B.N No:

Have you claimed an Input Tax Credit for this policy?

- No Yes If Yes, percentage claimed

8. DECLARATION

- 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 conceded.
I/We authorise The Hollard Insurance Company Pty Ltd 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.
I/We agree to immediately notify The Hollard Insurance Company Pty Ltd if any stolen or lost property forming part of this claim is recovered or found.

Insured's Signature
Date

Please send the completed claim form to biclaims@hollardcommercial.com.au