

Claim Form

If there is not sufficient space on this form for your answers, please attach a separate sheet, indicating the Section and Question you wish to complete.

YOUR PRIVACY

The Privacy Act 1988 requires Willis to make the following disclosure before collecting personal information about you after 21 December 2001:

- ◆ Willis collects personal information in order to provide its various services which include insurance broking, claims management, risk management consultancy, underwriting management, and reinsurance.
- ◆ If the personal information Willis requests from you is not provided, Willis or any involved third party may not be able to provide the appropriate services.
- ◆ Willis discloses personal information to third parties who are involved in the provision of our services. For example, in arranging and managing your insurance needs Willis may provide information (including sensitive information such as health information) to insurers, reinsurers, other insurance intermediaries, its advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process. By signing this form and continuing to deal with us, you confirm on your behalf and/or on behalf of those you represent consent to Willis and these parties collecting, using and disclosing personal and sensitive information about you.
- ◆ Willis has a duty to maintain the confidentiality of its client's affairs which includes their personal information. Our duty of confidentiality applies except where disclosure of your personal information is with your consent or required by law.
- ◆ Willis may make use of your personal information to provide you with information about its products and services.

Further details on the Willis Privacy Policy are on our website: www.willis.com.au

Contact us

Simply contact the Willis Australasia Privacy Officer on the details below if you would like to:

- ◆ Access the personal information Willis hold about you
- ◆ Update or correct the information Willis holds about you
- ◆ Discuss your privacy concerns
- ◆ Be removed from the mailing list to receive information about Willis' other products and services

Privacy Officer
Willis Australasia Limited
Level 5, 570 Bourke Street
Melbourne Vic 3000

E-mail: Aust_privacy@willis.com
Telephone: +61 3 8681 9800
Fax: +61 3 8681 9888

Claim No:

1. Cover Details

Full Name(s) of Member:	Address of Member: Postcode..... Shire: Telephone No: A/H (.....) B/H (.....) Email:
Cover provided by: CBH Mutual Fund	Cover No:
Planting Season: 2011/12	Total Cover as per Offer: \$

2. General Details of Claim / Damage

Location of claim/damage		
Actual date of claim/damage	/ /20	Approx time of claim/damage am/pm
Are you the grower of the claimed/damaged crop?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If no, please state name(s) and address(s) of all other parties and their interest in the crop):</i>	
Was the claimed/damaged crop: (i) subject to a share farming arrangement? (ii) insured under any other insurance policy? (iii) do you have on farm storage/how much?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes to either/both, please give details)</i> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
What steps have been taken to recover the lost crop or minimise damage to the crop?	
Describe as fully as possible the circumstances and cause of the claim/damage.	
How was the claim/damage discovered?	
If there was suspicion of third party influence, were the Police notified?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes, please state):</i> (i) date of report /...../..... (ii) approx. time of report: am/pm (iii) Name of Police Station: (iv) Name of Police Officer 	
Has any crop been recovered/salvaged?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes, please give details)</i>	
Was any other party responsible for the claim/damage?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes, please give details)</i>	
Has anyone been charged for the claim/damage?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If yes, please give details)</i>	

