

## CONTAMINATED PRODUCTS INSURANCE CLAIM FORM

### 1 Important Notice

- Please read this Claim Form prior to answering the questions.
- ALL questions must be answered as fully as possible. Please use additional sheets if necessary and copies of all relevant documentations should be attached.
- If you have any questions in relation to completion of the Claim Form, please contact your insurance advisor or broker.
- Please send the completed Claim Form, as soon as possible, to your insurance advisor or broker.
- If Defence Costs are included as a Covered Loss, appointment of legal representation should not occur without the prior consent of LIU.
- LIU has the right to refuse to pay a claim or cancel your insurance if you submit a fraudulent claim.
- You are reminded that in no circumstances should you admit any liability or make any offer of settlement or enter into any correspondence without prior consent from LIU.

### 2 Policy Holder

Insured Name

Policy Number

Address

Email

Telephone

### 3 Incident Details

Date issue was first discovered by Insured:

Brief description of the product and the circumstances of the incident:

Who manufactures the product?

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Where is it manufactured?

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What is your involvement with the product (e.g. wholesaler, retailer, manufacturer)?

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Brief description of any previous recalls or withdrawals of the product?

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When was the incident first discovered?

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Who first discovered it?

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Has the source or cause of the incident been identified?

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What was the source or cause of the incident?

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What steps have been taken to verify the nature of the incident and by whom?

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What is the effect of the incident discovered? (e.g. potential allergen)

Has the product been:

recalled?

YES  NO

withdrawn?

YES  NO

What would be the consequences of using or consuming the product to the end user?

Please provide a broad description of the various costs incurred or expected to be incurred due to the incident:

Has the incident been caused or contributed to by inaction / actions of other parties?

YES  NO

If Yes:

please provide those parties' details and describe how they caused / contributed to the incident:

What contractual arrangements (if any) do you have with these other parties?

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Have these third parties been notified of the incident?

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**4 Signature**

I/We (print name in full):

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(position)

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I/We (print name in full):

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(position)

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hereby declare that the foregoing particulars are true and correct to the best of my/our knowledge and belief

Signature

Date

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## Privacy Notice

Liberty International Underwriters (LIU) is a trading name of Liberty Mutual Insurance Company, which is a company incorporated in the U.S. It is a member of Boston-based Liberty Mutual Group (LMG). LIU Australia's head office contact details are:

Address: Locked Bag 18, Royal Exchange NSW 1225

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