



#### PLEASE RETURN COMPLETED FORM TO YOUR JLT OFFICE:

# Send claims to Adelaide Office.

Jardine Lloyd Thompson Pty Ltd GPO Box 1693 ADELAIDE SA 5001 Tel +61 (0)8 8235 6446 Fax +61 (0)8 8235 6448

Jardine Lloyd Thompson Pty Ltd PO Box 925 ALBURY NSW 2640 Tel +61 (0)2 6057 3333 Fax +61 (0)2 6057 3399

Jardine Lloyd Thompson Pty Ltd PO Box 2321 FORTITUDE VALLEY QLD 4006 Tel +61 (0)7 3246 7555 Fax +61 (0)7 3246 7590

Jardine Lloyd Thompson Pty Ltd PO Box 115 CAIRNS QLD 4870 Tel +61 (0)7 4035 8600 Fax +61 (0)7 4035 8699

Jardine Lloyd Thompson Pty Ltd GPO Box 724 DARWIN NT 0801 Tel +61 (0)8 8925 5333 Fax +61 (0)8 8925 5399

Jardine Lloyd Thompson Pty Ltd 155 Varsity Parade VARSITY LAKES QLD 4226 Tel +61 (0)7 5630 6551 Fax +61 (0)7 5630 6531 Jardine Lloyd Thompson Pty Ltd Level 17, 607 Bourke Street MELBOURNE VIC 3000 Tel +61 (0)3 9613 1415 Fax +61 (0)3 9614 3600

Jardine Lloyd Thompson Pty Ltd 16 Heddon Road BROADMEADOW NSW 2292 Tel +61 (0)2 4956 1377 Fax +61 (0)2 4956 1441

Jardine Lloyd Thompson Pty Ltd GPO Box E201 PERTH WA 6841 Tel +61 (0)8 9426 0444 Fax +61 (0)8 9426 0999

Jardine Lloyd Thompson Pty Ltd PO Box H25 Australia Square SYDNEY NSW 1215 Tel +61 (0)2 9290 8000 Fax +61 (0)2 9299 7280

Jardine Lloyd Thompson Pty Ltd PO Box 1720 TOWNSVILLE QLD 4810 Tel +61 (0)7 4722 9000 Fax +61 (0)7 4722 9099

www.jlta.com.au



### **Property- Claim Form**

The Issue of this form is not an admission of Liability.

PLEASE COMPLETE THIS CLAIM FORM AND ENSURE THAT YOU SIGN THE DECLARATION AT THE END OF THIS FORM								
JLT	contact/ref		Insurer		Policy N	lo.	Exces	5
INS	URED'S DETA	ILS						
1.	Name of Insur	ed						
2.	. Postal Address							
						Postcode		
3.	Contact Name					Telephone No.		
	E-mail Addres	s:				Facsimile No.		
4.	. If more than one named insured is claiming for this loss, please answer this question for each insured on a separate page						je	
(	(a) Are you re	gistered for GST pur	poses? (Tick box ap	plicable)			YES 🗌	NO
	lf YES, w	hat is your Australiar	Business Number	(ABN)?				
(	(b) Have you claimed or are you entitled to claim an Input Tax Credit (ITC) on your monthly or quarterly Business Activity Statement to the Australian Taxation Office in respect to the GST paid on the insurance policy under which this claim is being made?							
	If YES, wh	at percentage of the	GST did you claim	or are you ent	itled to claim?		%	
	(if the GST paid and your ITC entitlements are the same amount, the answer to this question is 100%)							
	NB: Insurers <u>cannot settle your claim</u> without the above information and, if you fail to advise the availability of an ITC or understate its availability, you may have a liability to pay tax on the claim payment. If you have any queries, please see your tax adviser							
FOL	LOWING CLA	IM ACCEPTANCE E	BY YOUR INSURER	, PLEASE A	VISE PREFER		PAYMENT	
Cheque Direct Payment If you selected Cheque, nominate payee								
If you have selected Direct Payment please supply the following information (alternatively supply a deposit slip noting the following information)								
Bank Account Name								
Branch Number				Aco	count Number			
LOS	S OR DAMAG							
	Date of event				at	a.n	n.	p.m.
6.	Where did eve	ent occur?			L			
7.	Description of	loss or damage						
8.	How did loss of	or damage occur?						



LOSS OR DAMAGE DETAILS								
9.	Is any Third Party to blame for Los	ss or Damage?		YES 🗌				
	If yes, who?							
10.	Have you received, or do you anticipate receiving, notice of any claim from or on behalf of Third YES NO							
	If yes, give details: (Remember, do not admit liability to any other party)							
11.	I. Name(s) and Permanent Address(es) of witness(es), if any							
12.	2. If claim for Loss or Burglary or Theft, describe method of entry. (All such incidents must be reported to police)							
13.	Which Police Station notified							
	Report No		Date					
14.	Details of any other action you have taken to recover or reduce your loss							
15.	Other Particulars							
	Name of Owner of property lost/da							
	Name of any other interested party	y (e.g. Mortgagee, Trustee)						
	Details of any other insurances covering damaged property							
Ple	Please note:							

- 1. Make sure that you give us ALL details about your claim.
- 2. Please send any documentation you have which may assist in verifying ownership and/or value of items.
- 3. Send us all original quotations and/or original invoices which you have received to repair or replace your property.
- 4. Tell the Police immediately about any loss or damage which has been caused by burglary or theft, vandalism or malicious damage.
- 5. If possible, keep damaged items available as your insurer may wish to inspect them.
- 6. Contact your Claims Broker should you require assistance.

#### DECLARATION

I declare that to the best of my	knowledge and belief the infe	ormation in this form is true an	d correct and I have not	withheld any relevant
information.				

Signature of insured or person with authority to sign for or on behalf of the insured

Date:



# **DESCRIPTION OF ITEMS** Only complete this column if the items being claimed for are used in connection with your GST registered business Input tax credit you can claim on the repair or replacement of these items as a % of the Item No Description of property lost and/or damaged Age of Item Original Cost (if **Replacement Value or** Amount Claimed known) Repair Cost total GST payable TOTAL AMOUNT CLAIMED



## **JLT Collection Statement**

In accordance with the Privacy Act 1988 (and subsequent amendments), we, Jardine Lloyd Thompson Pty Ltd (and our subsidiaries and related entities) (JLT) draw your attention to the following:

- We may collect personal information about you by means of the enclosed document.
- We are collecting the information principally for the purpose of approaching the (re)insurance market, placing insurance, assessing and advising you on your insurance needs, claims handling or risk management (depending on your requirements). Other purposes include providing you with information about other JLT products or services and administering payments to you. If you are proposing for or renewing insurance, the information is required pursuant to your duty of disclosure under the Insurance Contracts Act 1984, the Marine Insurance Act 1909 or at common law.
- The information we collect may be disclosed to third parties including but not limited to (re)insurers, insurance intermediaries, service providers, finance providers, advisers, agents and JLT related Group companies.
- Your personal information may be sent to our administrative processing centre in Mumbai (India) and to other JLT Group companies, insurers, reinsurers and other third party service providers (e.g. data storage providers) in the United Kingdom, Singapore, Hong Kong, the United States of America and elsewhere
- If you provide us with personal information about other individuals, you must ensure that those persons have been made aware of the above matters. Where the information collected relates to health, criminal record or other sensitive information as defined in the Privacy Act 1988, you must obtain it with the individual's consent. We will use and disclose your personal information in accordance with our Privacy Policy.
- Our Privacy Policy can be accessed on our website (<u>www.jlta.com.au</u>). For further information contact your account executive or the JLT Privacy Officer:

Jardine Lloyd Thompson Pty Ltd, 66 Clarence Street, SYDNEY NSW 2000 Telephone: (02) 9290 8000