



Liability Claim Form



Liability - 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 No. Excess

INSURED'S DETAILS

1. Name of Insured

2. Postal Address

Postcode

3. Contact Name Telephone No.

E-mail Address: 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

(a) Are you registered for GST purposes? (Tick box applicable) YES NO

If YES, what is your Australian 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? YES NO

If YES, what percentage of the GST did you claim or are you entitled to claim? %

(if the GST paid and your ITC entitlements are the same amount, the answer to this question is 100%)

NB: Insurers cannot settle your claim 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

FOLLOWING CLAIM ACCEPTANCE BY YOUR INSURER, PLEASE ADVISE PREFERRED METHOD OF 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 Account Number

PARTICULARS OF ACCIDENT / INCIDENT

5. Date of event at a.m. p.m.

Date reported to you

6. Where did event occur?

7. Describe what happened

PARTICULARS OF ACCIDENT / INCIDENT

[Empty text box]

8. Who reported the event to you?

Name [Empty text box]

Address [Empty text box]

9. Name(s) and Permanent Address(es) of witness(es), if any

[Empty text box]

[Empty text box]

10. What is your relationship with the Third Party?

[Empty text box]

[Empty text box]

THIRD PARTY DETAILS

11. Name of Third Party [Empty text box]

12. Permanent Address [Empty text box]

13. Nature and extent of injuries/damage [Empty text box]

[Empty text box]

[Empty text box]

[Empty text box]

[Empty text box]

14. a) Have you received any correspondence from Third Parties? YES NO

If "yes", please enclose them with this form

15. b) Have you made any admission of liability? YES NO

Give details [Empty text box]

[Empty text box]

[Empty text box]

[Empty text box]

[Empty text box]

[Empty text box]

[Empty text box]

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 our investigations.
- 3. Send us all original quotations and/or original invoices which you have received to repair or replace the damaged property.
- 4. If possible, keep damaged items available as your insurer may wish to inspect them.
- 5. Do not admit liability.
- 6. Contact your Claims Broker should you require assistance.

DECLARATION

I declare that to the best of my knowledge and belief the information in this form is true and 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:

Collection Statement Under Privacy Act 1988

In accordance with the Privacy Act 1988 (and subsequent amendments), we, JLT (and our subsidiaries and related entities) 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 (www.jlta.com.au). For further information contact your account executive or the JLT Privacy Officer:
Jardine Lloyd Thompson Pty Ltd, 66 Clarence Street, SYDNEY NSW 2000
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