

## 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**

JLT Contact/Ref:		Insurer:	
Policy No:		Excess:	

### INSURED'S DETAILS

Name of Insured:			
Postal Address:			
State:		Postcode:	
Contact Name:		Telephone No.:	
E-mail Address:		Facsimile No.:	

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)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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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%)	%
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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

<input type="checkbox"/> Cheque - If you selected Cheque, nominate payee	
<input type="checkbox"/> Direct Payment - 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

Date of Event:		Time:		<input type="checkbox"/> AM	<input type="checkbox"/> PM
Date reported to you:					
Where did event occur?					

**PARTICULARS OF ACCIDENT/INCIDENT CONTINUED**

Describe what happened:

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Who reported the event to you?

Name:	
Address:	

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

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What is your relationship with the Third Party?

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**THIRD PARTY DETAILS**

Name of Third Party:	
Permanent Address:	

Nature and extent of injuries/damage:

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a) Have you received any correspondence from Third Parties?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If "yes", please enclose them with this form

b) Have you made any admission of liability?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Give details:

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**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:



## 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 centres in Mumbai (India) or Kuala Lumpur (Malaysia) 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.au.jlt.com](http://www.au.jlt.com)). For further information contact your account executive or the JLT Privacy Officer:

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