

# Property Claim Form

Please return completed form to your JLT office:

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| <input type="checkbox"/> Jardine Lloyd Thompson Pty Ltd<br>GPO Box 1693<br><b>ADELAIDE SA 5001</b>                   | Telephone: (08) 8418 0288<br>Fax: (08) 8223 6903 |
| <input type="checkbox"/> Australian Broking & Risk Services<br>PO Box 197<br>Rundle Mall<br><b>ADELAIDE SA 5000</b>  | Telephone: (08) 8418 0250<br>Fax: (08) 8359 2877 |
| <input type="checkbox"/> Australian Insurance Brokers<br>PO Box 3290<br>Rundle Mall<br><b>ADELAIDE SA 5000</b>       | Telephone: (08) 8418 0260<br>Fax: (08) 8418 0278 |
| <input type="checkbox"/> Jardine Lloyd Thompson Pty Ltd<br>PO Box 925<br><b>ALBURY NSW 2640</b>                      | Telephone: (02) 6021 5133<br>Fax: (02) 6021 5581 |
| <input type="checkbox"/> Jardine Lloyd Thompson Pty Ltd<br>GPO Box 741<br><b>BRISBANE QLD 4001</b>                   | Telephone: (07) 3246 7555<br>Fax: (07) 3246 7590 |
| <input type="checkbox"/> Jardine Lloyd Thompson Pty Ltd<br>PO Box 115<br><b>CAIRNS QLD 4870</b>                      | Telephone: (07) 4031 5299<br>Fax: (07) 4031 5062 |
| <input type="checkbox"/> Jardine Lloyd Thompson Pty Ltd<br>2A Pearson Street<br><b>LAMBTON NSW 2299</b>              | Telephone: (02) 4956 1377<br>Fax: (02) 4956 1441 |
| <input type="checkbox"/> Jardine Lloyd Thompson Pty Ltd<br>Level 15, 500 Collins Street<br><b>MELBOURNE VIC 3000</b> | Telephone: (03) 9613 1415<br>Fax: (03) 9614 3600 |
| <input type="checkbox"/> Jardine Lloyd Thompson Pty Ltd<br>GPO Box E201<br><b>PERTH WA 6841</b>                      | Telephone: (08) 9426 0444<br>Fax: (08) 9426 0999 |
| <input type="checkbox"/> Jardine Lloyd Thompson Pty Ltd<br>PO Box H25<br>Australia Square<br><b>SYDNEY NSW 1215</b>  | Telephone: (02) 9290 8000<br>Fax: (02) 9299 7280 |
| <input type="checkbox"/> Jardine Lloyd Thompson Pty Ltd<br>PO Box 1720<br><b>TOWNSVILLE QLD 4810</b>                 | Telephone: (07) 4772 4099<br>Fax: (07) 4721 2362 |



# 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 No.  Excess

## INSURED'S DETAILS

1. Name of Insured

2. Postal Address   
 Postcode

3. Contact Name  Telephone No.   
 Facsimile No.  E-mail address:

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

(b) If YES, what is your Australian Business Number (ABN)?

(c) 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

(d) 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**

## LOSS OR DAMAGE DETAILS

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

6. Where did event occur?

7. Description of loss or damage

8. How did loss or damage occur?



9. (a) Is any Third Party to blame for Loss or Damage? YES  NO

(b) If so, Who?

10. Have you received, or do you anticipate receiving, notice of any claim from or on behalf of Third Parties? YES  NO

Give details: (Remember, do not admit liability to any other party)

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

12. 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/damaged

Name of any other interested party (eg Mortgagee, Trustee)

Details of any other insurances covering damaged property

**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 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:

\_\_\_\_\_



**DESCRIPTION OF ITEMS**

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



## COLLECTION STATEMENT UNDER PRIVACY ACT 1988

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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 in connection with our services.
- We collect 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. 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.
- By providing the information requested in this document you agree to us collecting, using and disclosing your personal information as outlined in this Collection Statement.
- If you do not provide all or part of the information requested, we may be unable to process your application or provide other required services, your application for insurance may be declined or you may prejudice your insurance cover.
- You have the right to request access to, and correct, any personal information that we hold about you, subject to the provisions of the Privacy Act 1988.
- To assist us in maintaining correct records we ask you to inform us of any changes in your personal information provided, as they occur.
- 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 any necessary consents from the person concerned.
- Our Privacy Policy can be made available on request or can be accessed on our website ([www.jlta.com.au](http://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  
Telephone: (02) 9290 8000