

# JLT SPORT AFL ASSET PROTECT CLAIM FORM

PLEASE USE BLOCK LETTERS WHILE COMPLETING THIS FORM

**CLAIMS HOTLINE: 1800 640 009**  
or call direct: **(08) 8235 6455**

**Please forward your completed claim form to:**

**Echelon Claims Services**  
PO Box 7170  
Hutt St, Adelaide SA 5000

**FAX:**  
(08) 8235 6450

**EMAIL:**  
ecssa@echelonaustralia.com.au

## PART 1 - COMPLETE FOR ALL CLAIMS: CLAIMANT DETAILS

(a)	Name of Club/ League/ Association (Member): _____		
	Affiliated League (if applicable) _____		
	Trust Name	JLT (Sports AFL Asset Protect) Discretionary Trust Arrangement	
	Policy Number (circle if known)	01R2102455 <b>OR</b> 01R2041792	
	Contact Name:	(Mr) (Mrs) (Ms) (Miss) _____	
(b)	Contact Details: _____		
	Postal Address _____		
	Suburb ( )	State	Post code ( )
	Telephone (office hours)	Mobile Number	Fax Number
	Email Address _____		
(c)	Location at which loss, damage or accident occurred (e.g. address): _____		
(d)	For what purposes are the premises at this location occupied? _____		
(e) i	Is your sporting body registered for GST?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(e) ii	If yes, please enter your Australian Business Number (ABN): _____		
(e) iii	If yes, please enter your Input Tax Credit (ITC) entitlement: (at start of current period of cover)		<input type="text"/> %
	<b>If you fail to advise the availability of an ITC or understate its availability, then you may have a liability to pay tax on the claim payment.</b>		
	<b>Important – If more than one named Member is claiming for the loss, please supply details of ABNs and ITC percentages applicable to each entity on a separate page and attach to claim form.</b>		
(f)	Please tick if you would prefer payment to be made to:		
	<input type="checkbox"/> Direct to the Repairer/s (including GST)	<input type="checkbox"/> Direct to you (net of GST)	
	<b>If you would prefer payment to be made direct to the repairers, please ensure relevant payment details are provided: either via the Repairer's tax invoice, or by adding a separate page to this claim.</b>		

**PART 2 - COMPLETE FOR ALL CLAIMS: CLAIM DETAILS**

- (a) Date loss, damage or accident occurred: \_\_\_\_\_ Time: \_\_\_\_\_ (a.m.) / (p.m.)
- (b) What was the nature of the loss, damage or accident? (e.g. Damage to roof tiles) \_\_\_\_\_
- (c) How was it caused? (e.g. storm) \_\_\_\_\_
- (d) What steps were taken to prevent or reduce further loss, damage or injury? \_\_\_\_\_
- (e) In accordance with the Lease/Rental Agreement, is the landlord required to pay for the repairs or replacement? ☐ Yes ☐ No
- (f) Does any person other than yourself have an interest in the property? ☐ Yes ☐ No  
If "yes", give details: \_\_\_\_\_
- (g) Do you have any other cover for this property? ☐ Yes ☐ No  
If "yes", state the company and amount: \_\_\_\_\_
- (h) Was immediate notice given to either JLT Sport or the Trust's Claims Manager of the loss? ☐ Yes ☐ No  
If "yes", to whom and when: \_\_\_\_\_
- (i) Have you or anyone comprising the Member either alone or with others ever previously suffered a loss and/or claimed for a similar event? ☐ Yes ☐ No
- (j) Has an Invoice or Account been paid? ☐ Yes ☐ No

**PART 3 – DETAILS OF STOLEN / DAMAGED GOODS**

Full description of articles stolen or damaged, including year of manufacture, make and model where applicable	Serial No. / Make	Date purchased or acquired	Price originally paid	Value at time of loss (allowing for depreciation)	Name of Repairer (if appropriate)	Amount Claimed
If more space is required please attach additional page to claim. N.B. Documents may be required to support your loss. To avoid delay: attach supporting documentation giving the separate items of cost and any Repairer's report.					Total Amount being claimed:	\$

## PART 4 - BURGLARY, THEFT, MONEY, MALICIOUS DAMAGE AND LOST PROPERTY

\*Please note with a claim for burglary, theft or malicious damage, it is your responsibility to have notified the police immediately.

(a)	Were police authorities notified of the occurrence?		
	If so, are the police investigating the matter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b)	Police Crime Report Number		
(c)	Do either you or the police suspect any person or persons?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If "yes", whom?		
(d)	Have you received or do you anticipate receiving notice of any claim from or on behalf of any Third Parties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(e)	By whom was the loss reported or discovered and under what circumstances?		
(f)	Were the premises forcibly entered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(g)	If "yes", what evidence was found to indicate that forcible entry was made?		
(h)	Were the premises attended at the time of entry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(i)	If the premises were unattended, state period left unattended (e.g. one week), and also whether all doors, windows and other openings were securely fastened:		
(j)	If premises were damaged during the Burglary, describe such damage:		

## PART 5 - GLASS

Size	Salvage (approx.)	Item (door, shelf, etc.)	Type (plate, sheet, etc.)	Ornamentation (state details & value)

If more space is required please attach additional page to claim.

## PART 6 - MACHINERY BREAKDOWN - ELECTRONIC EQUIPMENT

- (a) Is the damaged item the original in the machine? ☐ Yes ☐ No
- (b) If "no", when was the damaged item installed? \_\_\_\_\_
- (c) Has the warranty expired? ☐ Yes ☐ No
- (d) If still under warranty, have you claimed against it? ☐ Yes ☐ No
- (e) Location of damaged item for inspection: \_\_\_\_\_
- (f) From whom was the unit purchased? \_\_\_\_\_
- (g) Was the item purchased: ☐ new? ☐ second hand? Age of unit: \_\_\_\_\_
- (h) i Have repairs commenced? ☐ Yes ☐ No
- (h) ii If "yes", what is the name of repairer? \_\_\_\_\_
- (h) iii What is the address of repairer? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (h) iv What is your/repairer's estimate of the cost of repairs? \_\_\_\_\_
- (i) Describe machine it forms part of (e.g. Cold Room): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (j) i Do you have any other cover for spoilage of refrigerated food,? ☐ Yes ☐ No
- (j) ii Name of Insurer \_\_\_\_\_
- (j) iii If so, are you making a claim? ☐ Yes ☐ No
- (j) iv If "yes", please give details of damaged goods: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If more space is required please attach additional page to claim.*

## PART 7 – GENERAL PROPERTY (TRANSIT)

- (a) Do you have any other Transit insurance covering the property ☐ Yes ☐ No
- (b) If “yes”, state company: \_\_\_\_\_ and insured amount: \_\_\_\_\_
- (c) i Was the loss/damages incurred while goods were in the possession of a hired/contracted Carrier? ☐ Yes ☐ No
- (c) ii If “yes”, what is the name of the Carrier: \_\_\_\_\_
- (c) iii What is the postal address of Carrier? \_\_\_\_\_
- (c) iv Business Number: (     ) Mobile Number: \_\_\_\_\_
- (d) Location of damaged item/s for inspections: \_\_\_\_\_
- (e) i Have repairs commenced? ☐ Yes ☐ No
- (e) ii If “yes”, what is the name of repairer? \_\_\_\_\_
- (e) iii What is the postal address of repairer? \_\_\_\_\_
- (e) iv Has this invoice been paid? ☐ Yes ☐ No
- (e) v Who authorised repairs? \_\_\_\_\_

## PART 8 – REVIEW FOR ALL CLAIMS: DOCUMENTATION REQUIREMENTS

- (f) **PLEASE FORWARD: (This action must be taken before settlement of any claim can be considered)**

A letter of demand to the Person/Company you hold responsible for this loss.

TO ECHELON:

- Copy of and reply to this demand
- Copy of any invoice/s
- Copy of consignee’s advice of any non-delivered item/s
- Advice as to the measures initiated to locate any non-delivered items
- Copy of Carriers Consignment Note, Bill of Lading or Airways Bill including Conditions of Carriage
- Copy of the Carriers Manifest/Inventory (where possible)

## PART 9 - DECLARATION

We declare that the above particulars are a true account of the loss and/or damage sustained by the sporting body and that the claim shown above does not include any profit or advantage of any kind. We declare that the sporting body has in no manner caused the claimed incident by any fraud, or by willful misrepresentation sought unjustly to benefit by the claimed incident.

We declare that no information likely to affect the acceptance of this claim has been withheld. We understand that this claim may be refused if any information is false, or inaccurate or concealed.

We undertake and agree to notify the Trust's Claims Manager (Echelon Claims Service) immediately if any of the lost or stolen property mentioned in this claim is subsequently recovered, and at the option of the Trust's Claim Manager, to refund the amount of money received, by way of compensation in respect thereof.

We declare that all the conditions and warranties of the policy have been faithfully complied with and that no party insured has willfully caused the said loss, damage or injury or sought unjustly to benefit thereby.

We agree to authorise the JLT (Sports AFL Asset Protect) Discretionary Trust Arrangement (ABN 88 373 635 983) and the Trust Insurer to give to, or to obtain from, other insurers or an insurance/credit reference bureau any information relating to this insurance and any other insurances held by me/us now or in the past and claim under those Insurances.

We acknowledge and agree to the information contained herein (including our personal information), being shared with the other members of our JLT Discretionary Trust as part of the Trust's Risk Management processes and Reporting criteria

**WARNING: Persons found to have lodged fraudulent claims are liable for prosecution.**

Signature

Date

Full name (please print)

Signature of Witness

Date

Full name of Witness

Witness's relationship with Member

**The issue and acceptance of this form does not constitute an admission of liability on the part of the Discretionary Trust or the Trust Insurer.**

**If you would like to include any additional general comments in regards to this claim, please attach any necessary additional pages to this claim form.**

**Please forward your completed claim form to:**

**Echelon Claims Services**  
PO Box 7170  
Hutt St, Adelaide SA 5000

**FAX:**  
(08) 8235 6450

**EMAIL:**  
ecssa@echelonaustralia.com.au

**CLAIMS HOTLINE: 1800 640 009**  
**or call direct: (08) 8235 6455**



## ECHELON AUSTRALIA PTY LTD

ABN 96 085 720 056

### COLLECTION STATEMENT UNDER PRIVACY ACT 1988 (Cth)

In accordance with the Privacy Act 1988 (Cth) (and subsequent amendments), we Echelon Australia Pty Ltd (Echelon), including Echelon Claims Services, draw your attention to the following:

- We may collect personal information about you.
- 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 Echelon products or services. If you are proposing for or renewing insurance or membership, or membership of a Jardine Lloyd Thompson Discretionary Trust Arrangement (JDT Arrangement), the information is required pursuant to your Duty of Disclosure under the Insurance Contracts Act 1984 (Cth), 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 Echelon related Group companies, such as Jardine Lloyd Thompson Pty Ltd (JLT).
- By providing this information, 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 or membership of a JDT Arrangement may be declined or you may prejudice your insurance cover or cover under a JDT Arrangement.
- 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 (Cth).
- 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 it with the individual's consent.
- Our Privacy Policy can be made available on request or can be accessed on JLT's website (<http://www.au.jlt.com>).

For further information regarding **Echelon's Privacy Policy**, contact your Account Executive, Claims Manager or the Privacy Officer for JLT and Echelon.  
Echelon Australia Pty Ltd, Level 37, 225 George Street, Sydney NSW 2000  
Telephone: +61 (02) 9290 8000