

General Liability Claim Form

JLT Sport

Distinctive. Choice.



For further information relating to the General & Products Liability policy for specific sports (including Policy Wordings), please refer to

www.jltsport.com.au

Please send your completed claim form and attachments to:

**JLT Sport
17/607 Bourke Street
Melbourne VIC 3000**

**Fax:
(03) 9614 3600**

IMPORTANT INFORMATION:

You are reminded that in no circumstances should you admit any liability or make any offer or enter into and correspondence with any incident which may result in a claim under your policy.

HOW TO LODGE A LIABILITY CLAIM:

Step 1 Notify JLT Sport immediately of your intention to lodge a liability claim via one of the following options:

1. Phone: 1300 130 373
2. Email: jltsport@jlta.com.au

Step 2 Access a claim form via www.jltsport.com.au or call JLT Sport on 1300 130 373

Step 3 Complete all sections of the claim form

3. Your claim form may be returned if there is important information missing
4. For assistance contact JLT Sport on 1300 130 373

Step 4. Send your claim form (completed in full) to JLT Sport as soon as possible.

Step 5 JLT Sport will confirm receipt of your claim form or contact you should they require more information.

- Please contact JLT Sport directly if you have not received confirmation of your claim within 7 days.

General Liability Claim Form

INSURED'S DETAILS

| | | | |
|---|-------------------------------|-----------------------------|----------------------|
| 1. Name of Insured | <input type="text"/> | | |
| 2. Postal Address | <input type="text"/> | | |
| | <input type="text"/> | Postcode | <input type="text"/> |
| 3. Contact Name | <input type="text"/> | Telephone No. | <input type="text"/> |
| E-mail Address: | <input type="text"/> | Facsimile No. | <input type="text"/> |
| 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 <input type="checkbox"/> | NO <input type="checkbox"/> | |
| If YES, what is your Australian Business Number (ABN)? | <input type="text"/> | | |
| (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 <input type="checkbox"/> | NO <input type="checkbox"/> | |
| If YES, what percentage of the GST did you claim or are you entitled to claim? | <input type="text" value=""/> | | |
| (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

INCIDENT DETAILS

| | | | | | | |
|--------------------------------|----------------------|------------------|----------------------|------|----------------------|------|
| 5. Date of event | <input type="text"/> | Time of Incident | <input type="text"/> | a.m. | <input type="text"/> | p.m. |
| Date reported to you | <input type="text"/> | | | | | |
| 6. Exact place of Incident | <input type="text"/> | | | | | |
| 7. Description of the Incident | <input type="text"/> | | | | | |
| | <input type="text"/> | | | | | |
| | <input type="text"/> | | | | | |
| | <input type="text"/> | | | | | |
| | <input type="text"/> | | | | | |
| | <input type="text"/> | | | | | |
| | <input type="text"/> | | | | | |
| | <input type="text"/> | | | | | |
| | <input type="text"/> | | | | | |

| | | |
|--|----------------------|--|
| 8. Name(s) and address(es) of any person(s) injured. | | |
| Name | <input type="text"/> | |
| Address | <input type="text"/> | |
| | <input type="text"/> | |

Name

Address

9. Full details of any injuries

10. Name(s) and address(es) of owner(s) of any damaged property

Name

Address

Note: any piece(s) of damaged property or other evidence of the cause should be preserved

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

Name

Address

Name

Address

12. Was the incident due to:

Any individual

Property

Plant or equipment

Motor Vehicle

THIRD PARTY DETAILS

13. Name of Third Party

14. Permanent Address of Third Party

15. Nature and extent of injuries/damage

16. Have you received notice of any claim from a Third Party?

YES

NO

If yes, please enclose a copy with this form

17. Have you made any admission of liability?

YES

NO

If yes, please provide details

IMPORTANT INFORMATION

Do not disclose that you are insured, but merely state that enquiries will be made. Do not reply to any communication received from a Third Party, but forward to JLT Sport. This company's issue and / or acceptance of this form, duly completed, must not be taken as an admission of its liability.

1. **Do not** admit liability.
2. Make sure that you give us ALL details about your claim.
3. Please send any documentation you have which may assist in our investigations.
4. Send us all original quotations and/or original invoices which you have received to repair or replace the damaged property
5. If possible, keep damaged items available as your insurer may wish to inspect them

COLLECTION STATEMENT UNDER PRIVACY ACT 1988

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. 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. Those entities will hold and use the data in accordance with their own privacy policies which may include disclosure to third parties located offshore.
- By providing the information requested in the attached 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 it with the individual's consent.

For further information contact your JLT Client Risk Adviser or the JLT Privacy Officer:
Jardine Lloyd Thompson Pty Ltd, 66 Clarence Street, SYDNEY NSW 2000
Telephone: (02) 9290 8000

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.

You also authorise any and all information regarding claims with any other insurer to be released to JLT's representatives.

Name of the Insured or person with authority to sign for or on behalf of the Insured

Position held with the Insured

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

Date: