

SPORTSCOVER
QUALITY INSURANCE AT A SPORTING PRICE

A.C.N. 006 637 903 AFS Licence No. 230914

OFFICE USE ONLY

Claim No. _____

Policy No. _____



JLT SPORT ASSET PROTECT CLAIM FORM

PLEASE USE BLOCK LETTERS WHILE COMPLETING THIS FORM

PART 1 - COMPLETE FOR ALL CLAIMS

(a) Name of Insured: _____
 Type of Organisation: Club / Association / Centre Main Sport Involved in: _____
 Quote Number: _____ Reference Number: _____
 Contact Name: (Mr) (Mrs) (Ms) (Miss) _____

(b) Contact Details: _____
Postal Address

Suburb _____ *State* _____ *Post code* _____
 () _____ () _____
Telephone (office hours) _____ *Mobile Number* _____ *Fax Number* _____

(c) In accordance with the Lease/Rental Agreement, is the landlord required to pay for the repairs or replacement? Yes No

(d) Location at which loss, damage or accident occurred (e.g. address): _____

(e) For what purposes are the premises at this location occupied? _____

(f) Date loss, damage or accident occurred: _____ Time: _____ (a.m.) / (p.m.)

(g) What was the nature of the loss, damage or accident? (e.g. Damage to roof tiles) _____

(h) How was it caused? (e.g. storm) _____
 What steps were taken to prevent or reduce further loss, damage or injury? _____

(i) Does any person other than yourself have an interest in the property? Yes No
 (i) i If "yes", give details: _____

(j) Do you have any other insurance covering the property? Yes No
 (j) i If "yes", state the company and amount: _____

(k) Was immediate notice given to either JLT Sport or Sportscover of the loss? Yes No
 (k) i If "yes", to whom and when: _____

(l) Have you or anyone comprising the Insured either alone or with others ever previously suffered a loss and/or claimed for a similar event? Yes No

(m) Has an Invoice or Account been paid? Yes No

PART 2 - 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) Which police authorities were notified of the occurrence? _____
 Are the policy investigating the matter? Yes No

(b) Police Crime Report Number _____

(c) Do either you or the policy suspect any person or persons? Yes No
 If "yes", whom? _____

(d) By whom was the loss reported or discovered and under what circumstances? _____

(e) Were the premises forcibly entered? Yes No

(f) If "yes", what evidence was found to indicate that forcible entry was made? _____

(g) Were the premises attended at the time of entry? Yes No

(h) If the premises were unattended, state period left unattended and also whether all doors, windows and other openings were securely fastened:

(i) If premises were damaged during the Burglary, describe such damage: _____

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.	From whom obtained (name & address) or details of damage	Date purchased or acquired	Price paid or Value of Item Damaged	Less deduction age, use or wear & tear	Amount Claimed

If more space is required please attach additional page to claim.
 N.B. (i) Repairs should not be commenced without prior approval with Sportscover.
 N.B. (ii) Documents may be required to support your loss

PART 4 - 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 5 - 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) If cover exists for spoilage of refrigerated food, are you making a claim? Yes No

(k) If "yes", please give details of damaged goods: _____

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

PART 6 – GENERAL PROPERTY (TRANSIT)

(a) Have you had 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 authorized repairs? _____

(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 SPORTSCOVER:
- 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 by the Insured 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 7 - DECLARATION

I declare that the above particulars are a true account of the loss, damage or injury sustained by me and that the claim shown above does not include any profit or advantage of any kind. I further declare that all the conditions and warranties of the policy have been faithfully complied with and that no party insured has wilfully caused the said loss, damage or injury or sought unjustly to benefit thereby.

I/We agree to authorise SPORTSCOVER AUST. PTY LTD (ACN 006 637 903) 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.

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

Signature

Date

Full name

Signature of Witness

Date

Full name of Witness

Witness's relationship with Insured

N.B. REPAIRS SHOULD NOT BE COMMENCED WITHOUT SPORTSCOVER APPROVAL

**The issue and acceptance of this form does not constitute an admission of liability
on the part of SPORTSCOVER**

**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.**

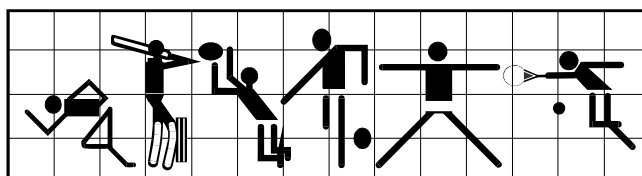
Please forward your completed claim form to:

Sportscover Australia
271 – 273 Wellington Rd
Mulgrave, VIC 3170

FAX:
(03) 8562 9100

EMAIL:
asiapac.claims@sportscover.com

CLAIMS HOTLINE: 1300 134 956



SPORTSCOVER
QUALITY INSURANCE AT A SPORTING PRICE