



JLT SPORT

## GENERAL PUBLIC & PRODUCTS LIABILITY CLAIM FORM

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

**[www.jltsport.com.au](http://www.jltsport.com.au)**

Please send your completed claim form and attachments to:	
JLT Sport 15/500 Collins Street Melbourne VIC 3000	OR Fax: (03) 9614 3600

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### IMPORTANT INFORMATION:

YOU ARE REMINDED THAT IN NO CIRCUMSTANCES SHOULD YOU ADMIT ANY LIABILITY OR MAKE ANY OFFER OR ENTER INTO ANY CORRESPONDENCE WITH ANY INCIDENT WHICH MAY RESULT IN A CLAIM UNDER YOUR POLICY.

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### 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:

- Phone: 1300 130 373
- Email: [jltsport@jlta.com.au](mailto:jltsport@jlta.com.au)

**Step 2:** Access a claim form via [www.jltsport.com.au](http://www.jltsport.com.au) or call JLT Sport on 1300 130 373

**Step 3:** Complete ***all*** sections of the claim form.

- Your claim form may be returned if there is important information missing
- 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.



# JLT SPORT

## INSURED'S DETAILS

Name of Insured (i.e. association/club/centre)

Postal Address

Contact Name

Email address

Phone Number

Mobile Number

Fax Number

*If more than one named insured is claiming for this loss, please answer the following questions for each insured on a separate page:*

Are you registered for GST purposes?

Yes

No

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

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

Yes

No

on the insurance policy under which this claim is being made?

*Note – 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

Date of Incident

Time of Incident

am/pm

Date reported to you

Exact place of Incident

Description of the Incident

Name(s) and address(es) of any person(s) injured

Full details of any injuries

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

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

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

Was the Incident due to

Any individual?

Property?

Plant or equipment?

Motor Vehicle?



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## THIRD PARTY DETAILS

Name of Third Party

Permanent address of Third Party

Nature and extent of injuries/damage

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

Yes

No

*If Yes, please enclose a copy with this claim form*

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.

### Please note:

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

## 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.

\_\_\_\_\_  
Name of 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