

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.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 for (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"/>		
	<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	<input type="text"/>

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

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 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: