

Contract Works

The Issue of this form is not an admission of Liability. Contract Number:

PLEASE COMPLETE THIS CLAIM FORM AND ENSURE THAT YOU SIGN THE DECLARATION AT THE END OF THIS FORM

JLT contact/ref Insurer Policy No. Excess

INSURED'S DETAILS

1. Name of Insured

2. Postal Address
 Postcode

3. Contact Name Telephone No.
E-mail Address: Facsimile No.

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 NO
If YES, what is your Australian Business Number (ABN)?

(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 NO
If YES, what percentage of the GST did you claim or are you entitled to claim? %
(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

FOLLOWING CLAIM ACCEPTANCE BY YOUR INSURER, PLEASE ADVISE PREFERRED METHOD OF PAYMENT

Cheque Direct Payment If you selected Cheque, nominate payee

If you have selected Direct Payment please supply the following information (alternatively supply a deposit slip noting the following information)

Bank Account Name
Branch Number Account Number

LOSS OR DAMAGE DETAILS

5. Date of event at a.m. p.m.

6. Where did event occur?

7. Description of loss or damage

8. How did loss or damage occur?

LOSS OR DAMAGE DETAILS

9. Is any Third Party to blame for Loss or Damage? YES NO

If yes, who?

10. Have you received, or do you anticipate receiving, notice of any claim from or on behalf of Third Parties? YES NO

If yes, give details: (Remember, do not admit liability to any other party)

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

12. If claim for Loss or Burglary or Theft, describe method of entry. (All such incidents must be reported to police)

13. Which Police Station notified

Report No Date

14. Details of any other action you have taken to recover or reduce your loss

15. Other Particulars

Name of Owner of property lost/damaged

Name of any other interested party (e.g. Mortgagee, Trustee)

Details of any other insurances covering damaged property

Please note:

1. Make sure that you give us ALL details about your claim.
2. Please send any documentation you have which may assist in verifying ownership and/or value of items.
3. Send us all original quotations and/or original invoices which you have received to repair or replace your property.
4. Tell the Police immediately about any loss or damage which has been caused by burglary or theft, vandalism or malicious damage.
5. If possible, keep damaged items available as your insurer may wish to inspect them.
6. Contact your Claims Broker should you require assistance.

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.

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

DESCRIPTION OF ITEMS

					Only complete this column if the items being claimed for are used in connection with your GST registered business	
Item No	Description of property lost and/or damaged	Age of Item	Original Cost (if known)	Replacement Value or Repair Cost	Input tax credit you can claim on the repair or replacement of these items as a % of the total GST payable	Amount Claimed
TOTAL AMOUNT CLAIMED						