

## Liability

PLEASE COMPLETE THIS CLAIM FORM AND ENSURE THAT YOU SIGN THE DECLARATION AT THE END OF THIS FORM										
JLT	contact/ref		Insurer		Polic	/ No.	Exc	cess		
INS	URED'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 nar	med insured is	s claiming for	this loss, please	e answer this quest	ion for each insured o	n a separate	page		
	(a) Are you register	ed for GST pu	urposes? (Tic	k box applicable	:)		YES 🗌	NO	]	
	If YES, what is	your Australia	an Business N	Number (ABN)?						
	(b) Have you claimed or are you entitled to claim an Input Tax Credit (ITC) on you quarterly Business Activity Statement to the Australian Taxation Office in results on the insurance policy under which this claim is being made?						YES 🗌	NO		
	If YES, what per	centage of the	e GST did yo	u claim or are yo	ou entitled to claim	,	%			
	(if the GST paid	and your ITC	entitlements	are the same ar	mount, the answer	to this question is 100	%)			
				NB: Insurers <u>cannot settle your claim</u> 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									
FO	LLOWING CLAIM AC	CEPTANCE	BY YOUR IN	ISURER, PLEA	SE ADVISE PREFI	ERRED METHOD OF	PAYMENT			
		CEPTANCE Payment			SE ADVISE PREFI e, nominate payee	ERRED METHOD OF	PAYMENT			
Che	eque 🗌 Direct	Payment	If you	selected Cheque	e, nominate payee	ERRED METHOD OF		following info	prmation)	
Che	eque  Direct Direct	Payment	If you	selected Cheque	e, nominate payee			following info	ormation)	
Che If yo Bar	eque  Direct Direct	Payment	If you	selected Cheque	e, nominate payee ormation (alternativ	ely supply a deposit s		following info	ormation)	
Che If yo Bar	eque  Direct Dir	Payment	If you	selected Cheque	e, nominate payee ormation (alternativ Account Name	ely supply a deposit s		following info	prmation)	
Che If yo Bar Bra	eque  Direct Dir	Payment ct Payment p	If you lease supply	selected Cheque	e, nominate payee ormation (alternativ Account Name	ely supply a deposit s		following info	prmation)	
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The Issue of this form is not an admission of Liability



PARTICULARS OF ACCIDENT / INCIDENT						
8.	Who reported the event to you?					
١	Name					
A	Address					
9.	Name(s) and Permanent Address(es) of witness(es), if any					
10. What is your relationship with the Third Party?						

THIRD PARTY DETAILS								
11.	Name	e of Third Party						
12.	Perm	anent Address						
13.	Natur	e and extent of injuries/	damage					
14.	a)	Have you received an	y corresponde	nce from Third Parties?		YES 🗌	NO	]
		If "yes", please enclos	e them with thi	is form				
15.	b)	Have you made any a	dmission of lia	bility?		YES 🗌	№ [	]
		Give details						

## 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 our investigations.
- 3. Send us all original quotations and/or original invoices which you have received to repair or replace the damaged property.
- 4. If possible, keep damaged items available as your insurer may wish to inspect them.
- 5. Do not admit liability.
- 6. Contact your Claims Broker should you require assistance.



## DECLARATION

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:	