



Local Community
Insurance Services

1300 853 800

insurance@lcis.com.au

localcommunityinsurance.com.au

PROPERTY CLAIM FORM

Please complete and send to insurance@lcis.com.au or post to GPO Box 1693 Adelaide SA 5001

Notes:

1. The issue of this form does not constitute an admission of liability on the part of the insurer.
2. If anyone holds you responsible for their accident/injury, insist their claim must be in writing.
3. Any communication received must be forwarded to LCIS immediately.
4. Do not admit liability.
5. If there is insufficient space or further comment on any area is considered necessary, please use additional pages.

Important Note: *The information we collect may be disclosed to third parties including but not limited to: (re)insurers, insurance intermediaries, service providers, finance providers, advisers, agents and other entities within the MMC group of companies.*

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

Insurer:		Policy No:	
Client ID / Quote No:		Excess:	

INSURED'S DETAILS (The issues of this form is not an admission of liability)

Name of Insured:			
Street Address:			
Suburb:			
State:		Postcode	
Contact Name:		Position/ Title:	
Telephone No.		Mobile No.	
Email Address:		Fax No.	

If more than one name insured is claiming for this loss, please answer this question for each insured on a separate page.

Are you registered for GST purposes?	<input type="checkbox"/> YES	<input type="checkbox"/> 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 on the insurance policy under which this claim is being made?	<input type="checkbox"/> YES	<input type="checkbox"/> 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 – If you selected cheque, nominate payee

Direct payment – 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

Date of Event

/ /

Time:

:

AM

PM

Where did event occur?

Description of loss or damage

How did loss or damage occur?

Is any third party to blame for loss or damage?

YES

NO

If Yes, please provide name?

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)

Name(s) and permanent Address(es) of witness(es), if any

If claim for loss or burglary or theft, describe method of entry. (all such incidents must be reported to Police)

Which Police Station notified:			
Police Report number:		Date:	/ /
Details of any other action you have taken to recover or reduce your loss			
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:			

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	

JLT COLLECTION STATEMENT

Local Community Insurance Services (LCIS) is a division of JLT Risk Solutions Pty Ltd (JLT) (ABN 69 009 098 864 AFS Licence No: 226827) (JLT) and is a business of Marsh McLennan.

In accordance with the Privacy Act 1988 (Cth) and any subsequent amendments (the Privacy Act), we, JLT Risk Solutions Pty Ltd and our subsidiaries and related entities (JLT) draw your attention to the following:

- We may collect personal information about you by means of the enclosed document.
- We are collecting the information principally for any of the following purposes (depending on your requirements):
 - o approaching the (re)insurance market;
 - o placing insurance or providing alternative coverage;
 - o assessing and advising you on your insurance or coverage needs;
 - o providing claims handling or risk management services;
 - o providing you with information about other JLT products or services; and
 - o administering payments to you.
- If you are proposing for or renewing insurance, the information you disclose within this document is required pursuant to your duty of disclosure under the Insurance Contracts Act 1984, the Marine Insurance Act 1909 or at common law.
- The information we collect may be disclosed to third parties including but not limited to: (re)insurers, insurance intermediaries, service providers, finance providers, advisers, agents and other entities within the MMC group of companies.
- Your personal information may be sent to our administrative processing centers in Mumbai (India) or Kuala Lumpur (Malaysia). It may also be sent to: Bermuda, Brazil, China, Dubai, Hong Kong, Ireland, Japan, Singapore, South Korea, United Kingdom and the United States for the purposes of outsourcing Insurance Broking, Intermediary and Risk Advisory Services; and Canada, India, United Kingdom and the United States for the purposes of outsourcing Business Support Services (for example, IT systems administration and payment processing).
- If you provide us with personal information about other individuals, you must ensure that those persons have been made aware of the above matters. Where the information collected relates to health, criminal record or other sensitive information as defined in the Privacy Act, you must obtain it with the individual's consent.
- We will use and disclose your personal information in accordance with our Privacy Policy. Our Privacy Policy can be accessed on our website (<https://www.jltpublicsector.com/privacy-policy.html>).

For further information contact your account executive or our Privacy Officer at the following address:

JLT Risk Solutions Pty Ltd
Level 19, One International Towers, 100 Barangaroo Avenue
Sydney NSW 2000
Email: privacy.australia@marsh.com
Phone: (02) 8864 7688

SIGNATURE & DECLARATION

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.

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:

Applicant's position:

Date:

/ /

PLEASE RETURN THIS FORM TO:

Local Community Insurance Services

GPO Box 1693 Adelaide, SA 5001 or **EMAIL TO: insurance@lcis.com.au**

Should you have any questions please contact the LCIS team on 1300 853 800.



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