



Local Community  
Insurance Services

1300 853 800

insurance@lcis.com.au

localcommunityinsurance.com.au

## BUSINESS PACK CLAIM FORM

Please complete and send to [insurance@lcis.com.au](mailto:insurance@lcis.com.au) or post to GPO Box 1693 Adelaide SA 5001

**Note please complete the below components:**

**Part A – Compulsory for all claims**

**Part B – Relevant sectors pertaining to your claims**

**Part C – Compulsory for all claims**

**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

Claim No:		Policy No:	
Client ID		Excess:	

### PART A – COMPULSORY FOR ALL CLAIMS

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

Business Name:			
Nature of Business:			
Street Address:			
Suburb:			
State:		Postcode	
Contact Name:		Position / Title:	
Telephone No.		Mobile No.	
Email Address:		Fax No.	
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%)			%
<i>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.</i>			

**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:

**THE PROPERTY**

Are you the owner of the property being claimed for?

YES

NO

If No, please provide details:

Was there any other insurance covering this damage current at the time of the occurrence?

YES

NO

If Yes, Name of Insurer

Policy Number:

Does any other party have an interest in the damaged property the subject of the claim? (e.g. Mortgagee, Finance Co. lease)

YES

NO

If Yes, Name:

Phone No:

**THE PREMISES**

Where did the loss or damage occur?

Street Address:

Suburb:

State:

Postcode

Describe the premises (i.e. organisation/club house, sporting grounds Warehouse, Office Block, shed, toilet block etc.)

Are the premises tenanted?

YES

NO

If 'Yes', please give details of tenant?

Are you the tenant?

YES

NO

If 'Yes', please give details of the building owner?

Were the premise occupied at the time of the loss?

YES

NO

If 'No', please provide the following details:

Name:

Date:

/ /

Hour:

Day

## INCIDENT DETAILS

Date of Incident: \_\_\_\_\_ Between the hours \_\_\_\_\_  am  pm

How did the damage/loss occur?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Was another person responsible for the damage?  YES  NO

If 'Yes', please provide the following details:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Postcode \_\_\_\_\_

## DETAILS OF PREVIOUS LOSS OR DAMAGE

Have you ever suffered any loss, damage or theft at this address or elsewhere in the last 5 years? *PLEASE NOTE: this is only in relation to the group, and not your personal circumstances*  YES  NO

Describe loss, damage or liability	Date:	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Have you made a claim on any insurer for any of the above mentioned incidents?  YES  NO

Insurer	Date	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

**PART B- COMPLETE RELEVANT SECTIONS PERTAINING TO YOUR CLAIM**

**BREAKAGE OF GLASS** - Please attach invoice or quotation

What was broken?

Was the break through the entire thickness of the material?

YES

NO

Has the break been repaired?

YES

NO

If 'Yes' have you paid the account?

YES

NO

Was there damage to window signwriting?

YES

NO

**STORM AND WATER DAMAGE**

Describe the damage

How did the Wind, Rain or Water enter the premises?

Did the storm cause this opening?

YES

NO

If 'Yes' please give details:

**THEFT OR BURGLARY**

*Please attach original purchase docket, invoices or receipts. If you provide as much proof about owning the items it will help us to process your claim quickly.*

How where the premises entered and where was the point of entry?

Which parts of the premises were entered?

Have the police recovered any property?

YES

NO

If 'Yes', please provide details:

## SECURITY DETAILS

Were any of these used to provide security to the premises?

Keyed window locks on all accessible windows	<input type="checkbox"/>	Grilles on all accessible windows and doors	<input type="checkbox"/>
Double keyed deadlocks on all perimeter doors	<input type="checkbox"/>	Perimeter Alarm	<input type="checkbox"/>
Back to base (Please attach activity report)	<input type="checkbox"/>	Internal Alarm	<input type="checkbox"/>
Fixed Safe	<input type="checkbox"/>	Free standing safe	<input type="checkbox"/>
None	<input type="checkbox"/>		

Did the device activate as a result of theft?  YES  NO

**ANY LOSS INVOLVING MALICIOUS DAMAGE, LOST OR STOLEN PROPERTY MUST BE NOTIFIED TO THE POLICE**

## POLICE DETAILS

Have the police been notified?  YES  NO

Name of person notifying police \_\_\_\_\_ Phone No: \_\_\_\_\_

Police Station \_\_\_\_\_

Date Notified? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Crime Report No. \_\_\_\_\_

**Please attach a copy of Police Report, if available**

If the damage is the result of fire did the fire brigade attend?  YES  NO

## PART C – COMPLETE RELEVANT SECTIONS PERTAINING TO YOUR CLAIM

**DETAILS OF CLAIM** - Please attach quotations, If insufficient space please attach list and show total amounts only below.

### DAMAGE BUILDING

Particulars	Name of Repairer	Amount Claimed
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>TOTAL</b>		<b>\$</b>

### LOSS OR DAMAGE TO OTHER PROPERTY

Description of Property (include serial number)	Where Purchased	When Purchased	Value at Time of Loss	Replacement Values (attach quotes)
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
<b>TOTAL</b>			<b>\$</b>	<b>\$</b>

**We are not responsible for payment of invoices, however, please indicate if you request payment to any other party.**

## JLT COLLECTION STATEMENT

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

In accordance with the Privacy Act 1988 (Cth) and any subsequent amendments (the Privacy Act), we, JLT and our subsidiaries and related entities 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](mailto: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](mailto:insurance@lcis.com.au)

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



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

© 2022 JLT Risk Solutions Pty Ltd

Published by JLT Risk Solutions Pty Ltd and no part of this document may be reproduced without permission from JLT Risk Solutions Pty Ltd. LCIS arrange this insurance and are not the insurer. Any advice contained within this article is general and does not take into account your objectives, financial situation or needs. You should consider the relevant Product Disclosure Statement and your objectives, financial situation or needs before acting on this advice. Insureds should consult their insurance and legal advisors regarding specific coverage issues. All insurance coverage is subject to the terms, conditions, and exclusions of the applicable individual policies. Please contact LCIS for the relevant Product Disclosure Statement, or for further information. LCIPA 22/047