



Local Community
Insurance Services

1300 853 800

insurance@lcis.com.au

localcommunityinsurance.com.au

ASSOCIATION LIABILITY INSURANCE CLAIM FORM

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

Important notice

- Please read the Claim Form fully prior to answering the questions.
- The Claim Form is to be completed and signed by the Chairman, President, Managing Director or Chief Executive Officer.
- All questions must be answered as fully as possible using additional sheets if necessary and copies of relevant documentation should be attached.
- If you have any questions in relation to completion of the Claim Form please contact your insurance advisor or broker.

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.*

DETAILS OF INSURED ASSOCIATION OR DIRECTORS/OFFICERS GIVING NOTIFICATION OF A CLAIM OR POTENTIAL CLAIM

Details of Insured association giving notification

First Name		Last Name	
Address			
Suburb:			
State:		Postcode	

Details of Director/Officer giving notification

First Name		Last Name	
Address			
Suburb			
State		Postcode	
Policy Number (if known)			
Contact Name			
Telephone No.		Mobile No.	
Email Address			

DETAILS OF RELEVANT INSURED			
Full name of the insured who is the subject of the claim or potential claim			
First Name		Last Name	
DETAILS OF CLAIMANT			
Full name of the insured who is the subject of the claim or potential claim			
First Name		Last Name	
Address of the claimant			
Suburb:			
State:		Postcode	
DETAILS OF THE SUBJECT ACTIVITY			
From what activity on the part of the Insured does the claim or potential claim arise?			
When was the activity from which the claim arises or may arise performed or undertaken?			
DETAILS OF CLAIM OR CIRCUMSTANCE			
What is the precise nature of the claim (i.e. the Claimant's allegations) or the fact or circumstance that might give rise to a claim?			
On what date did you first become aware of the claim or of such fact or circumstance?		/	/
On what date was the claim or the intimation of a claim first made against you?		/	/
Was the first intimation of a claim verbal or in writing? <i>(If in writing, please attach a copy).</i>	<input type="checkbox"/> Verbal	<input type="checkbox"/> Writing	
If verbal, please give a 'first person' account of the conversation.			
What dollar amount, if any, is claimed?		\$	

DETAILS OF INSURED'S RESPONSE

What are your comments in response to the claim or the fact or circumstance that might give rise to a claim?

What are your comments on the amount of the claim and what is your estimate of your potential monetary liability, if any, to the Claimant?

Are there additional details about which you wish to advise, or which may be of interest to QBE, so that QBE will have a better understanding of this matter? If so, please provide details along with supporting documentation.

INPUT TAX CREDIT %

Please advise the extent to which the Insured is entitled to claim an Input Tax Credit (ITC) for the Goods & Services Tax (GST) paid on business related inputs.

This is also known as the Taxable Percentage of the Business.

%

(Between 0% and 100%)

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
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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