



# Newspack Business Insurance Claim Form

**This form should be completed and forwarded to -**  
**Newspack Insurance Broking**  
**Attn: Tania Treacy GPO Box 1693 Adelaide SA 5001**  
**Telephone: 1300 852 977 Fax: 08 8418 0278**  
**newspack@jlta.com.au**  
Every Question Must Be Completed

## Important

We act upon your claim as soon as we receive this form. You can help us in the assessment of your claim, if you:

1. Complete this form in full. Supply all appropriate information/documentation and sign and date the declaration. Failure to fully complete the claim form and provide all supporting documents as indicated may result in a delay in processing your claim.
2. Do not repair or replace any damaged items unless you are authorised to do so, or it is necessary to prevent further loss or damage occurring.
3. Do not admit any liability for any third party loss, damage or personal injury.
3. If this claim form does not provide enough space, please use a separate piece of paper and attach as supplementary information.

## Insured Details

Policy Number:			
Insured Name:			
Insured Property Address:			
Contact Name:			
Email Address:		Phone:	
Are you registered for GST purposes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, 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?	Yes <input type="checkbox"/>		No <input type="checkbox"/>
	If Yes, what % of the GST did/are you entitled to claim?		%
Note: 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.			
<b>Following claim acceptance by your Insurer, please advise payment details</b>			
Bank		Account Name	
BSB		Account No.	



# Newspack Business Insurance Claim Form

Claim Details			
Type of Loss (tick applicable)			
Fire <input type="checkbox"/>	Water/Storm <input type="checkbox"/>	Theft <input type="checkbox"/>	Malicious <input type="checkbox"/>
Accidental <input type="checkbox"/>	General Property <input type="checkbox"/>	Legal Liability <input type="checkbox"/>	Other <input type="checkbox"/>
Date of event			
Where did the event occur?			
Description of the loss or damage			
Is any Third Party to blame for Loss or Damage?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, who?			
Have you received or do you anticipate receiving, notice of any claim from or on behalf of Third Parties? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, please provide details			
Please provide names and contact details for any witnesses			
If claim is for Loss or Burglary or Theft, please describe method of entry			
Reported to police	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date reported	Police Report No.
Please provide details of any action taken to recover or reduce your loss			



# Newspack Business Insurance Claim Form

<b>Items to be Claimed</b>				
Description of Property Lost and/or Damaged	Age of Item	Original Cost (If Known)	Replacement value or Repair Cost	Amount Claimed
Total Amount Claimed				\$
<b>Third Party Liability Claims</b>				
<b>Please complete the following for all Third Party Liability Claims</b>				
Name of Third Party				
Address				
Nature and Extent of Injuries/Damage				
Have you received any correspondence from Third Parties?				
If So, please enclose them with this form.				
Have you made any admission of Liability?				
Please give details				
<b>Declaration</b>				
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.				
I consent to Claims Services using any information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details that claims department may not be able to process my claim.				
Signature		Date		



# Newspack Business Insurance Claim Form

## Collection Statement

In accordance with the Privacy Act 1988 (and subsequent amendments), we, Newspack Insurance Broking (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 the purpose of approaching the (re)insurance market, placing insurance, assessing and advising you on your insurance needs, claims handling or risk management (depending on your requirements). Other purposes include providing you with information about other Newspack Insurance Broking products or services and administering payments to you. If you are proposing for or renewing insurance, the information 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 Newspack Insurance Broking related Group companies.
- Your personal information may be sent to our administrative processing centre in Mumbai (India) and to other JLT Group companies, insurers, reinsurers and other third party service providers (e.g. data storage providers) in the United Kingdom, Singapore, Hong Kong, the United States of America and elsewhere.
- 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 1988, 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 ([www.newspack.com.au](http://www.newspack.com.au)). For further information contact your account executive or the Newspack Insurance Broking Privacy Officer:

Newspack Insurance Broking, 66 Clarence Street, SYDNEY NSW 2000  
Telephone: (02) 9290 8000

