

General Claim

JUA Claim Form for General Insurance.

JUA prides itself on responsiveness and prompt settlements. Please submit this Form and a JUA consultant will respond to you within 2 working days.

Part A - Compulsory for all Claims

Insurance Broker

۶	Name of the Insura	ince Broker:					
۶	Contact Details:	PI	none:				
		Fa	ax:				
		Er	mail:				
1.	Insured (Surname	e, Company or Partnersh	nip)				
2.	Policy Number				Expiry date: _		
3.	Tax Status:	Registered business	O No	0	Yes		
		ABN:					
		Taxable %					
4.	Address:						
		Suburb:	S	tate:		Post Code :	_
5.	Contact numbers:	Business:					
		Facsimile:					
		Private:					
		Mobile:					
6.	Please describe wh	nat happened:					



7.	Are you the owner of the property being claimed for?	ΟΥ	es	1 0	No – give details	
8.	3. Was there any other insurance covering this damage which was current at the time of the occurrence?					
		ΟN	0	0	Yes – give details	
		Nam	e of Insurer:			
		Polic	y Number:			
9.	Does any other party have an interest in the damaged pro Finance Co. Lease)	operty wh ON			the claim? (e.g Mortgagee, Yes – give details	
	Name:					
	Telephone:					
10.	Do you know who is responsible for the loss or theft?	O N	0	0	Yes- give details	
The Pre	emises					
11.	At what address did the loss occur?					
	Suburb: State: Postc	ode:				
12.	Describe the premises (i.e Factory, Warehouse, Office Blo	ock etc)				
13.	Are the premises tenanted? O No O Ye the Tenancy Agreement and 'Terms & Conditions'.	s – give (details of the bu	iildin	g owner and provide a copy of	
14.			•		tails of when last occupied.	
	Name:					
	Date:					
Incident	t details					
15.	Day and Date of Incident:					
	Time of Incident:					
16.	Was another person responsible for the damage? O No	о О Ү	es-give details			
	Name:					
	Address:					



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? O No O Yes
- > Has the break been repaired? O No O Yes- if yes, have you paid the account? O No O Yes
- > Was there damage to window sign writing? O No O Yes

Storm and Water Damage

- Describe the damage: _____
- How did the Wind, Rain or Water enter the premises? ______
- Did the storm cause this opening? O No O Yes give details ____
- > Have there been prior incidents of water entering the property? O No O Yes give details

Theft or Burglary

Please attach original purchase dockets, invoices or receipts of items stolen. This will assist in substantiating your loss.

How were the premises entered and where	e was the point of entry?
Is there damage to the property as a result	of the 'break & enter'? O No O Yes – give details
If yes, is the building currently secure?	O Yes O No – give details
Have the police recovered any property?	O No O Yes – give details



Security Details

- > Are any of these used to provide security to the premises?
 - Keyed window locks on all accessible windows
 - Double keyed deadlocks on all perimeter doors
 - Back to base (please attach activity report)
 - o Grilles on all accessible windows and doors
 - Perimeter Alarm
 - o Internal Alarm
 - Fixed Safe
 - Free Standing Safe
 - o None
- > Did the device activate as a result of theft? O Yes O No

Note: Any loss involving malicious damage, lost or stolen property must be notified to the police.

Police Details

>	Have the police been notified?	0	No	0	Yes – by whom?
	Name				
	Police Station				
	Crime Report #				
	Telephone				
	Date notified				
	Did the fire brigade attend?		0	No	O Yes

Please attach a copy of the Police Report if available.



Part C – Compulsory completion for all Claims.

Details of Claim

Please attach quotations to this claim form. Please provide details on an attached sheet if there is insufficient space.

۶	Damage to Building				
	Particulars		Name of Repairer		Amount Claimed
					\$
					\$
					\$
					\$
					\$
					\$
				Total	\$
>	Loss/Damage to Proper	ty (excluding Building)		TOTAL	Φ
	Description of Property (Include Brand & Model)	Where Purchased		Value at time of Los	ss Replacement Value (attach quotes)
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					Ψ
					\$
				Total	\$
				iotai	▼



We are not responsible for payment of invoices', however please indicate if you request payment to an other party.							
Details of Payee							
Bank Account Details BSB	Account #						
Account Holders Name/s							

Privacy

Amendments to the Privacy Act 1988 took effect on 21 December 2001. Please contact JUA Underwriting for any further information.

Declaration and Authorisation

The information and answers given above are true and complete in every detail.

I understand the claim may be refused, delayed or reduced if information is withheld.

I authorise that JUA Underwriting Agency Pty Limited give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

> Name _____

> Date _____