



**V-INSURANCE  
GROUP**

CORPORATE AUTHORISED REPRESENTATIVE OF WILLIS

Office use only  
Policy Number: \_\_\_\_\_ 140795  
Claim Number: \_\_\_\_\_

**Jetstar** 



## **PROPERTY & EQUIPMENT CLAIM FORM**

### **INSURANCE BROKER FOR LITTLE ATHLETICS AUSTRALIA**

V-Insurance Group Pty Ltd  
Authorised Representative No. 432898  
an authorised representative of  
Willis Australia Limited AFSL: 240600  
Level 4, 179 Elizabeth Street, SYDNEY NSW 2000  
Phone (02) 8599 8660 or local call cost only 1300 945 547  
Fax (02) 8599 8661  
Email: [sports@vinsurancegroup.com](mailto:sports@vinsurancegroup.com)

# HOW TO MAKE A CLAIM

Dear Little Athletics Australia Centre,

Please find attached a claim form for loss or damage to your property and equipment. Before lodging this form, please ensure all sections relevant to your claim are fully completed. Failure to complete the relevant sections of this form properly may delay settlement of your claim.

1. Immediately inform the police of any malicious damage, theft or loss of property.
2. You must fully complete Section 1 of the enclosed claim form.
3. Please complete the relevant sections in Section 2 pertaining to your claim.
4. It is compulsory for Section 3 to be completed for all claims.
5. Please ensure that your Centre and State Association complete and sign the Centre/State Declaration on page 8.
6. If you have any documents to show proof of ownership of the property being claimed for, please attach to your claim.
7. Once you have fully completed all relevant sections of the claim form, please forward the claim form with all relating documentation to your State Association.
8. Your State Association will sign the statement on page 8 of the claim form. They will forward your completed claim form and relating documentation directly to the claims administrator for this account, Proclaim. Your reimbursement cheque will be sent to you directly by Proclaim.
9. If you have any further queries relating to your claim or the cover, please do not hesitate to call the V Insurance Group Team on: (02) 8599 8660 or 1300 945 547.

# PROPERTY & EQUIPMENT CLAIM FORM

**Please complete:**

- Section 1** - Mandatory for all claims
- Section 2** - Relevant sections pertaining to your claim
- Section 3** - Compulsory for all claims

## SECTION 1 – MANDATORY FOR ALL CLAIMS

### THE INSURED

Name of Centre:	State:	
Insurance Officer:	Email:	
Mailing Address	State    Postcode	
Phone (work): (    )	Home: (    )	Mobile:
Are you a registered business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide your ABN:	_____	
Have you / will you claim an Input Tax Credit (ITC) on your insurance premium?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what percentage will you claim	_____ %	

### THE PROPERTY

Are you the owner of the property being claimed for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(If no, please give details)	_____ _____ _____	
Was any other insurance in place at the time of the incident, covering this type of damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please advise name of insurer:	_____	Policy Number: _____
Does any other party have an interest in the damaged property? (e.g. Mortgage, Finance Co, Lessee, Municipal Council)	_____	

### THE PREMISES

Where was the property located when the loss occurred? Address:	_____ _____ _____	
Describe the Premises (i.e Clubhouse, Shed, Container, Motor Vehicle)	_____ _____ _____ _____	
Were the premises occupied at the time of loss?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please give details of when last occupied	_____ _____ _____	

## INCIDENT DETAILS

Time and date of the incident \_\_\_\_\_ am/pm Date / /

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was another person responsible for the damage?  Yes  No

If yes, please supply details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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?

Yes  No

TYPE	DATE	AMOUNT
		\$
		\$
		\$
		\$

Have you made a claim with any insurer for any of the above mentioned incidents?

Yes  No

TYPE	DATE	AMOUNT
		\$
		\$
		\$
		\$

## SECTION 2 – PLEASE COMPLETE THE RELEVANT SECTION

### BREAKAGE OF GLASS

What was broken? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the break through the entire thickness of material  Yes  No

Has the break been repaired?  Yes  No

If yes, have you paid the account?  Yes  No

Was there any damage to window sign writing?  Yes  No

### STORM AND WATER DAMAGE

Describe the damage? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did the wind, rain or weather enter the premises? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did the storm cause this opening?  Yes  No

If yes, please provide details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### MACHINERY BREAKDOWN

Details of machinery / equipment that has broken down / fused \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the age of the machinery / equipment? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the machinery / equipment covered by a maintenance agreement?  Yes  No

If yes, please advise if the loss is covered \_\_\_\_\_  
\_\_\_\_\_

Have you sustained any loss of stock as a result of the machinery breakdown?  Yes  No

If yes, please detail on page 7.

## THEFT OR BURGLARY

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

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

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Which parts of the premises were entered?

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Have the police recovered any property?

Yes  No

If yes, please provide details

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## SECURITY DETAILS

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

- |   |                          |  |                          |
|---|--------------------------|--|--------------------------|
| Keyed window locks on all accessible windows  | <input type="checkbox"/> | Grills 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 the theft?  Yes  No

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

## POLICE DETAILS

Have the police been notified of this loss / damage?

Yes  No

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Name:

Telephone Number: (    )

Police Station:

Date Notified:    /    /

Crime Report No:

Please attach a copy of the police report, if available

If the damage is the result of fire did the fire brigade attend?

Yes  No

## SECTION 3 – COMPULSORY FOR ALL CLAIMS

### DETAILS OF CLAIM

Please attach quotations. If sufficient space please attach list and show total amounts only below

Damaged Building

PARTICULARS	NAME OF REPAIRER	AMOUNT CLAIMED
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>TOTAL</b>		\$

Loss or Damage to Other Property

DESCRIPTION OF PROPERTY (INCLUDE SERIAL NUMBER)	WHERE PURCHASED	WHEN PURCHASED	VALUE AT TIME OF LOSS	REPLACEMENT VALUE
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
		/ /	\$	\$
<b>TOTAL</b>				\$

#### IMPORTANT NOTES

- 1) We are not responsible for payment of invoices, however please indicate if you request payment to any other party.
- 2) If you have any documents to show proof of ownership of the property being claimed for, please provide a copy with this claim form.

## STATEMENT BY LITTLE ATHLETICS AUSTRALIA STATE ASSOCIATION

On behalf of the Little Athletics Australia Association, I hereby sign this form in acknowledgement of this claim being made.

LAA State:

Date:

LAA State Officials Name:

Signature:

## PRIVACY

The Privacy Act 1988 requires us to tell you that as an insurance broker we collect your personal and sensitive information in order to calculate your loss and entitlements, determine our liability, compile data and handle claims. When handling claims, we may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents or other parties as required by law.

You have the right to seek access to your personal information and to correct it at any time. Please contact us on ph: (02) 8599 8660 or 1300 945 547.

## DECLARATION AND AUTHORISATION BY LITTLE ATHLETICS CENTRE

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed. I/We acknowledge that I/we have read and understood the Privacy Act 1988 information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim, with their approval. I/We acknowledge that if I/we do not agree to the collection of this personal and sensitive information then Arch for and on behalf of Lloyds of London, V-Insurance Group or claims handling agents will be unable to process my/our claim.

Signature of Claimant:

Date:

Please print your name:

Position: