

Sports Underwriting Australia

Theft & Loss of Money Claim Form

Sports Underwriting Australia Claims Department

E: directclaims@gla.com.au

Post: Level 7, 100 Arthur Street, North Sydney
NSW 2060

IMPORTANT NOTICES

Your Duty of Disclosure

This Policy is subject to the Insurance Contracts Act 1984 (Act). Under that Act you have a Duty of Disclosure.

Before you take out insurance with us, you have a duty to tell us of everything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms. If you are not sure whether something is relevant you should inform us anyway.

You have the same duty to inform us of those matters before you renew, extend, vary, or reinstate your contract of insurance. The duty applies until the Policy is entered into, or where relevant, renewed, extended, varied or reinstated (Relevant Time). If anything changes between the time the answers are provided to us or disclosures are made and the Relevant Time, you need to tell us.

Your duty however does not require disclosure of matters that:

- reduce the risk;
- are common knowledge;
- we know or, in the ordinary course of our business, ought to know, or
- we have indicated we do not want to know.

If you do not comply with your duty of disclosure, we may be entitled to:

- reduce our liability for any claim;
- cancel the contract;
- refuse to pay the claim, or

avoid the contract from its beginning, if your nondisclosure was fraudulent.

Who Needs To Tell Us

It is important that you understand that you are answering our questions in this way for you and anyone else whom you want to be covered by the Policy.

Dispute Resolution Process

If you are not satisfied with our service please tell us so we can help. We will address complaints in accordance with Great Lakes Australia's Complaints Handling Process and the Insurance Council of Australia's Code of Practice.

If you have a complaint:

Step 1: Contact us

You can contact us by:

Postal Address: PO Box 288, Kew East

Victoria, Australia 3102

Tel: +61 3 8862 2600

Email: info@sportsunderwriting.com.au

If we require additional information we will contact you to discuss. If your complaint is not immediately resolved we will respond within 15 business days of receipt of your complaint or agree on a reasonable alternative timetable with you.

Step 2: Internal Dispute Resolution

If you are not satisfied with our response you may refer it in writing to our Internal Dispute Resolution panel, which is independent of the original complaint review.

E-mail: disputes@gla.com.au

Postal Address: Attn: Dispute Resolution Officer

Great Lakes Australia PO Box H35 Australia Square NSW 1215

The panel will respond within 15 business days. If the panel cannot respond within 15 business days, the panel will agree a reasonable alternative timetable with you. If the panel cannot reach an agreement on an alternative timetable, the panel will advise you of your right to take your complaint to the FOS.

Step 3: External Dispute Resolution scheme

If we are unable to resolve your complaint within 45 days of the date we first received your complaint or if you remain unsatisfied, you can seek a

free review by the FOS. The FOS is an independent national body and we agree to accept its decision.

You can contact the FOS by:

Postal Address: Financial Ombudsman Services Australia Ltd, GPO Box 3, Melbourne VIC 3001

Tel: 1800 367 287

Email: info@fos.org.au

Website: www.fos.org.au

Privacy Statement

In this Privacy section "we", "us" or "our" means Great Lakes Australia and Sports Underwriting Australia, unless specified otherwise.

We are committed to the safe and careful use of your personal information in the manner required by the Privacy Act 1988 (Cth) and the Australian Privacy Principles.

We collect your personal information in order to assess your application for insurance and, if your application is accepted, to administer and manage your Policy and respond to any claim that You make. To do this, your personal information may need to be disclosed to reinsurers and service providers and related entities who carry out activities on our behalf, such as assessors and facilitators, some of whom may be located in overseas countries. Our contractual arrangements generally include an obligation for these reinsurers, service providers and related entities to comply with Australian privacy laws.

By providing us with your personal information, you consent to the disclosure of your personal information to reinsurers, service providers and related entities in overseas countries to enable us to assess your application, to administer and manage your Policy and to respond to any claim that you make. If you consent to the disclosure of your personal information to overseas recipients, and the overseas recipient handles your personal information in a way other than in accordance with the Australian privacy laws, we may not be responsible for the handling of your personal information by the overseas recipient.

If you choose not to provide your personal information and/or choose not to consent and / or withdraw your consent to the disclosure of your personal information at any stage, we may not be able to assess your application or administer and manage your insurance policy and respond to any claim that you make.

Our Privacy policies contain information on how you may access personal information that each of us hold, or seek correction of Your personal information and information on how to make a complaint about the handling of your personal information and how complaints are handled. If you require more information, you can access the Great Lakes Australia Privacy Statement at www.munichre.com/io/gla/en/privacy_statement.aspx and SUA Privacy Policy and Privacy Statement at www.sportsunderwriting.com.au/documents.html.

Taxation Information

The amount of cover available under this Policy excludes Goods and Services Tax (GST).

If you are not registered for GST, in the event of a claim we will reimburse you the GST component in addition to the amount that we pay.

The amount that we are liable to pay under this Policy will be reduced by the amount of any input tax credit that you are or may be entitled to claim for the supply of goods or services covered by that payment.

If you are entitled to an input tax credit for the Premium you must inform us of the extent of that entitlement at or before the time you make a claim under this Policy. We will not indemnify you for any GST liability, fines or penalties that arise from or are attributable to your failure to notify us of your entitlement (or correct entitlement) to an input tax credit on the Premium.

If you are liable to pay an Excess under this Policy, the amount payable will be calculated after deduction of any input tax credit that you are or may be entitled to claim on payment of the Excess.

If you are unsure about the taxation implications of this Policy, you should seek advice from your accountant or tax professional.

Section 1**Policy Information**

Policy Number: _____

Insured (Surname, Company, Partnership): _____

Given Name(s) of Insured: _____

Postal address: _____

Contact Person (for Company or Partnership claims): _____

Occupation: _____

Home Ph: _____ Business Ph: _____

Mobile: _____ Email: _____

Preferred method of contact: _____

Are you registered for GST? Yes No

What is your ABN? _____

Have you claimed or do you intend to claim and input tax credit on the GST applicable to this policy? Yes No Is this amount claimed or intended to be claimed less than 100% of the GST applicable to the premium? Yes No

Specify the percentage amount claimed or intended to be claimed _____%

Section 2**Theft Loss or Damage**

Date and time of loss or damage Date: ____ / ____ / ____ Time: _____ am/pm

Address of premises from which article(s) was/were stolen from _____

Are you the only occupier of your premises? Yes No

If No, give details of other occupier _____

Are you the sole owner of the article(s) damaged or stolen? Yes No

If No, please provide name(s) and the nature of interest of others. _____

Who discovered the loss or damage? _____

Date and time loss or damage was discovered Date: ____ / ____ / ____ Time: _____ am/pm

Were there any witnesses to the loss or damage? Yes No

Name, address and contact details of first witness _____

Name, address and contact details of second witness _____

How was entry gained to the premises? _____

Were the premises occupied at the time of the loss? Yes No

Section 2

Theft Loss or Damage (cont'd)

If Yes, please provide details of person(s) at the premises at this time _____

When were the premises last occupied? Date: ____ / ____ / ____ Time: _____ am/pm

Were the premises fully secured at the time of the theft? Yes No

If No, please provide details as to why not fully secured _____

At the time of loss, was any part of the premises let or sub-let? Yes No

If Yes, please provide details _____

At the time of the loss, what was the estimated value of the total contents at the premises? \$ _____

Are there any other insurances against burglary or theft for the article(s) stolen? Yes No

If Yes, please provide details of the other insurance company's name and policy number

Have you ever had a loss involving burglary or theft before? Yes No

If Yes, please provide the details including the Company insured with at that time

Is there any other information relevant to this claim? Yes No

If Yes, please provide the details

Was the incident reported to the police? Yes No

If Yes, please provide the name of police station that the incident was reported to

Date reported ____ / ____ / ____ Police office report number _____

Name of police officer _____

Details of the Article(s) for which a Claim is Being Made

Please forward any quotations and/or tax invoices for cost or repairs, together with documents to substantiate your claim (e.g. proof of original purchase). If insufficient space then please attach another piece of paper, which should be signed and dated.

Full description of article(s) including brand, model No., size etc	From Whom Purchased	Date of Purchase	Amount Paid	Repair or Replacement Cost (exc GST)	Amount of GST	Amount Claimed

If insufficient space, please attach another piece of paper which should be signed and dated.

Section 3

Loss of Money

Date and time of loss or damage

Date: ____ / ____ / ____

Time: ____ am/pm

Address of premises from which money was stolen

Are you the only occupier of your premises?

Yes No

If No, please provide details of other occupants

Are you the sole owner of the money stolen?

Yes No

If No, please provide name(s) and the nature of interest of others

Who discovered the loss or damage?

Date and time loss or damage was discovered

Date: ____ / ____ / ____

Time: ____ am/pm

Location at premises where the money was lost or stolen from (e.g. from safe, cash drawer etc)

Section 4

Loss of Money (cont'd)

Was the incident reported to the police? Yes No

Name of police station that incident was reported to

Date reported ____ / ____ / ____

Police office report number _____

Name of police officer _____

Were there any witnesses to the loss or damage? Yes No

Name, address and contact details of witness one

Name, address and contact details of witness two

How was entry gained to the premises?

Was the premises occupied at the time of the loss? Yes No

If Yes, please provide details of person(s) at the premises at this time

When were the premises last occupied? Date: ____ / ____ / ____ Time: ____ am/pm

Were the premises fully secured at the time of the theft? Yes No

If No, please provide details as to why not fully secured

At the time of loss, was any part of the premises let or sub-let? Yes No

If Yes, please give details

Are there any other insurances against loss of money? Yes No

If Yes, please give details of the other company's name and policy number

Have you ever had a loss involving burglary or theft of money before? Yes No

Section 4

Loss of Money (cont'd)

If Yes, please provide the details including the company insured with at that time

Is there any other information relevant to this claim?

Yes No

If Yes, please provide the details

Section 5

Details of Money Claim

What is the amount of money lost or stolen?

\$ _____

What is the amount you are claiming?

\$ _____

Please provide a break-up of the money lost/stolen (e.g. amount in cash, credit cards, etc.)

Section 6

Direct Deposit

Should any part of this claim be payable to you please provide your bank account details for direct deposit purposes.

Name of Account: _____

BSB: _____ A/C Number: _____

Bank Name: _____

Declaration

I declare that, to the best of my knowledge and belief, the information in this form is true and correct and I understand the claim may be refused or reduced if information is withheld.

I understand that I may have to provide relevant documentation to enable complete consideration of my claim.

I consent to Great Lakes Australia and Sports Underwriting using the personal information I have provided on this form for the purposes of processing my claim. I consent to the disclosure of sensitive information to third parties in order to process my claim. I consent to the disclosure of any personal information (including sensitive information) overseas where it is reasonably necessary for the processing of my insurance claim. I understand that if this consent is not given Great Lakes Australia and Sports Underwriting will not be able to process this insurance claim.

Signature of insured or person with authority to sign for and on behalf of a company or partnership.

Signature: _____ Date: ___/___/___

Please indicate the number of additional pages attached to this claim form: _____