

Business Special Risks

Claim Form

For Jim's Group Franchisees

EMAIL

Please send all completed claims forms to: jimsinsurance@howdengroup.com

IMPORTANT NOTICE:

- Please answer all questions in full. Where appropriate, please tick the Yes or No box that best indicates your reply.
- If there is insufficient space, please provide further details on your letterhead.
- All attached documents form part of this Proposal.

A

INSURED DETAILS

1. Policy Number:

2. Insured Name:

3. Trading as:

TAX STATUS

1. Registered Business: ☐ YES ☐ NO

2. ABN:

3. Taxable: %

ADDRESS

1. Address:

Street Address: Suburb/Town: State: Postcode:

CONTACT DETAILS

1. Phone:

2. Mobile:

3. Email:

4. Website:

OTHER INTERESTED PARTIES

1. Type of Interest:

2. Name:

3. Address:

Street Address:

Suburb/Town: State: Postcode:

B DETAILS OF THE CLAIM

1. Date of Loss:

2. Please provide details of how your loss or damage occurred:

3. Where did your Loss or Damage occur?

4. If goods are damaged, please provide address where the damaged goods can be inspected:

5. Was there a forced or violent entry to the vehicle or premises? ☐ YES ☐ NO
If Yes, please provide details below

6. Has this event been reported to the police? ☐ YES ☐ NO
If Yes, please advise the name of the police station, the attending officer and police report number

7. Can the damaged goods be repaired? ☐ YES ☐ NO
If No, advise of approximate salvage value \$

8. Are there any other interested parties and / or other insurance policy/s covering the items damaged or stolen? ☐ YES ☐ NO

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9. Are there any other interested parties and / or other insurance policy/s covering the items damaged or stolen?

☐ YES ☐ NO

If Yes, please provide details below

10. Items to be Claimed

Year of Manufacture	Description of items to be claimed i.e. Lawnmower	Date of original purchase	Serial Number	Details of the Loss/Damage	Purchased From	Receipt Attached
						☐ YES ☐ NO
						☐ YES ☐ NO
						☐ YES ☐ NO
						☐ YES ☐ NO
						☐ YES ☐ NO
						☐ YES ☐ NO
						☐ YES ☐ NO

DEPRECIATION ENDORSEMENT SCHEDULE

1. Please review the following **Mowing** Depreciation Endorsement Schedule:

Lawn Mowers (Less than \$2,000 in value) and all other Equipment		Mowers (\$2,000 to \$15,000 in value) and all other Equipment		Ride on Mowers (Greater than \$15,000 in value) and all other Equipment	
Less than 6 months old	Nil Depreciation	Less than 12 months old	Nil Depreciation	Less than 12 months old	Nil Depreciation
6 to 12 months	25% Depreciation	12 to 18 months	10% Depreciation	12 to 18 months	10% Depreciation
12 to 18 months	50% Depreciation	18 to 24 months	25% Depreciation	18 to 24 months	25% Depreciation
Greater than 18 months	75% Depreciation	24 to 30 months	40% Depreciation	24 to 30 months	40% Depreciation
		30 to 36 months	55% Depreciation	30 to 36 months	55% Depreciation
		Greater than 36 months	70% Depreciation	Greater than 36 months	70% Depreciation

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DECLARATION

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 understand that Insurers do not admit liability by the issue of this form.

Signature: _____

Name: _____

Position: _____

Date: _____

EFT PAYMENT DETAILS

Please complete this section if you require payment directly into your account

Account Name:			
Account Number:			
Bank Name:			
BSB Number:			
State:		Postcode:	

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JIM'S INSURANCE

1800 714 170 

jimsinsurance@howdengroup.com 

www.jimsinsurance.net.au 

PRIVACY CONSENT | CLAIMS ASSESSEMENT

We need personal information about you to assess your claim. We will, where relevant, disclose your personal information to your adviser (and any licensee or broker he or she represents), to our service providers (including loss adjusters and investigators), other insurers, insurance reference bureaus and our business partners for this purpose.

We may also disclose personal information about you where we are required or permitted to do so by law. The answers given to questions in this claim form may require further information to be requested and/or further investigations to be made by Pro Risk Underwriting Pty Ltd or parties appointed by them. This may include contacting the owner of the goods or livestock to obtain documentation to verify the amount and extent of the claim.

If you do not provide the requested information or consent to its collection and disclosure as described above, the assessment of your claim may be delayed or we may not accept the claim.

If you would like to access a copy of your personal information, or to correct or update your personal information, please contact our customer relations team on **03 9235 5255** or email **enquiries@prorisk.com.au**

