

Section 1 – Material Damage Claim Notice Form

This form is issued to enable the insurer to initiate any claim which might arise, and it is therefore essential that the questions asked are fully and accurately answered.

*** NO LIABILITY IS ADMITTED BY THE ISSUE OF THIS FORM ***

Supporting Documents

In support of this claim form please supply the following:

- + Photos of the damage
- + Proof of ownership for stolen items (generally in the form of receipts)
- + Replacement quotes / invoices. If the value is likely to exceed \$5,000 two quotes are ideal for comparison purposes.
- + A copy of the building contract (if relevant)

Policy Details

Policy number

ABN (if applicable)

Your name

Street address

City

State

Postcode

Postal address

City

State

Postcode

Email address

Mobile phone

Are you registered for GST purposes with 100% Input Tax Credit?

Yes

No

Are you aware of the existence of any other insurance policy (whether or not in Your name) which would provide either partial or complete coverage for the damage?

Yes

No

If so, please give details

Has any claim been made on you either verbally or in writing?

Yes No

If so, please give details and enclose any third party communications

Please provide a description of the Construction Works being undertaken at the site

General Incident Details

Place of incident

Date of incident

/ /

Time of incident

Who reported the incident to you and at what date and time?

Name

Date

/ /

Time

Describe fully how the incident occurred (please detail more fully on attached papers including any sketches where you feel they are appropriate)

Was the incident due to any breakdown or defect in works, machinery or plant?

Yes No

If so, please give details

Can the incident be attributed to fault or negligence?

Yes No

If so, please give details of the party at fault or negligence including their employer details

Describe fully the damage sustained (please detail more fully on attached papers including any sketches where you feel they are appropriate)

What is the estimated value of the damage / loss?

\$

For damage occurring during transit, loading onto or the unloading, please provide the following details

Carriers name

Carriers address

City

State

Postcode

Mode of conveyance used

Was the consignment at the carrier's or your risk?

The carrier's risk

Our risk

If the damage occurred during loading or unloading, who carried out that operation and what method was used?

For damage occurring by theft, please confirm if any other steps have been taken to identify the potential thief or recover the property?

Yes

No

If so, please give details

For loss occurring by theft, please describe how entry was gained to the premises and what security was in place?

Please also provide the police event number

Witnesses

Were there any witnesses to the accident?

Yes No

Witness 1 name

Relationship to you

Witness 1 address

City

State

Postcode

Witness 1 email address

Witness 1 mobile phone

Witness 2 name

Relationship to you

Witness 2 address

City

State

Postcode

Witness 2 email address

Witness 2 mobile phone

Declaration

I / We declare that the whole of the statements made by me / us in this Claim Notice Form are in every respect true to the best of my / our knowledge and that no person(s) has / have an interest in the damage or liability other than as stated herein.

Signature

Print Name

Date