

To:

From:

Company:

Pages: 1 of 7

Fax:

Date:

Re:

Thank you for providing us with the notification of your claim. The claim form is attached. Can you please read the following details before completing this form. Please feel free to contact us should you require any assistance

- 1) Please complete and return the attached form to our office. Attach all relevant original quotations, invoices, valuations and receipt of purchases (obtained for the repair/replacement of damaged property). Please also attach any letters of demand or other correspondence that you may receive/have received from a Third Party. Do not attach photocopies.
- 2) For claims involving loss/damage to your own property the appropriate authorities, i.e. Fire Brigade/Police, should be notified and every reasonable effort made to prevent further loss/damage. Damaged property, if any, should not be disposed of without permission of the Insurer or Assessor.
- 3) An assessor could be appointed and you will be advised if this action is taken.
 - Keep in contact with the assessor so the report can be provided to Insurers on time.
 - If there is any matter not receiving prompt attention you should call us immediately.
- 4) Please keep all supporting documentation for your claim for presentation to the Insurer or Assessor, such as original invoices, receipts, owners manual, photos, etc. Quotes from retailers or trade suppliers to replace/repair, itemising the precise nature of their quotation, eg size, type, model, age, hours and cost of labour, cost of parts.
- 5) Where personal injury/property damage to third parties is involved, offer assistance but **DO NOT ADMIT** liability. Advise the party involved to give written details of their claim against you for passing on to your Insurer.
- 6) Please refer to the claim form for more instructions for the management of your claim.

Should you require any further assistance, please contact us.



Telephone: 08 9388 1688

Facsimile: 08 9388 1907

Email: reception@australianinsurance.om.au

Address: 439 Vincent St West

West Leederville WA 6007

Postal: PO Box 249

Leederville WA 6903

CONTRACT WORKS CLAIM FORM

The Issue of this Form is not an Admission of Liability by Insurer

Policy # :

Claim # :

Please complete and return this claim form as soon as possible, so that your claim will receive prompt consideration by the Insurers.

THE INSURED

Surname _____ Other Names _____ Mr, Mrs, Miss, Ms

Address _____

Post Code _____

Occupation _____

Phone Private _____ Business _____

Fax No. _____ Mobile _____

Email _____ Contact Name _____

Are you registered for GST?

No Yes ➤ What is your ABN?

:	:	:	:	:	:	:	:	:	:
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Have you claimed an input tax credit on the GST amount applicable to this policy?

No Yes ➤ Is the amount claimed less than 100% No Yes ➤ Specify amount

Of the GST applicable to the premium? claimed: %

Are you entitled to claim an input tax credit for the repairs or replacement of the vehicle?

No Yes ➤ Is the amount claimable less than 100% No Yes ➤ Specify amount

claimed: %

PARTICULARS OF INCIDENT

Date of Loss _____ / _____ / _____
Defects Liability Period _____ months

Contract Period: Commenced _____ / _____ / _____ Practical Completion _____ / _____

What Happened? (provide a sketch if appropriate) _____

What is lost or damaged? _____

Estimate of amount of Claim: \$ _____

THIRD PARTY LIABILITY

Did injuries to third parties occur? No Yes

Contact Name of Injured person _____

Postal Address _____
_____ Post Code _____

Phone Private _____ Business _____ Contact Name _____

Was the injured person working on site? _____

Date of Injury _____ / _____ / _____
Time of accident _____ am / pm

Was hospitalisation required? _____

What Happened? _____

What injuries were sustained? _____

Do you consider anyone else responsible for injury (if so why)? _____

Did Third Party Property Damage occur?

No Yes

Contact Name of Third Party _____

Postal Address _____

Post Code _____

Date of accident _____ / _____ / _____
Time of accident _____ am / pm

What was the damage? _____

What is the estimated amount of damage \$ _____

Do you consider anyone else responsible for injury (if so why)? _____

WITNESSES

Name Addresses and Telephone numbers of non-independent witnesses

Names, Address and Telephone numbers of independent witnesses.

To avoid unnecessary delay in processing your claim, it is important that you attach documentation to support :

- **ownership of all property claimed, eg. Original invoices, owners manuals, photos, receipts, etc...**
- **the repair / replacement of your loss. Eg. Original invoices, receipts, etc... by trade suppliers / repairers – itemising the precise nature of their quotation or work under taken eg. Size, model, type, age, hours, cost of labour, parts, prices...**

PRIVACY

The Privacy Act 1988 requires us to tell you that we as broker and the insurer collect your personal and sensitive information in order to calculate your loss and entitlements, determine the insurer's liability, compile data and handle claims.

When handling claims we and the insurer 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.

Where you give us information about other persons you must have their consent to this and provide it on their behalf. If not, you must tell us.

You have the right to seek access to your personal information and to correct it at any time. Please contact us to advise if any changes are required.

DISPUTE RESOLUTION

Disputes are not an everyday occurrence. However insurers provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details.

If you are not satisfied with the outcome of that process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

DECLARATION

I/We the insured do solemnly and sincerely declare that I/We have complied with the conditions and warranties (if any) of the policy and in no matter deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or misrepresentation and that the information shown on the form is true and the I/We have not concealed any information relating to this claim. I/We understand that this claim may be refused if the information is untrue, inaccurate or concealed.

Further it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the company any sum which may have been paid to me/us in respect to such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.

I/We acknowledge that I/we have read and understood the Privacy Act 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.

I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information, then the broker and the insurer will be unable to process my/our claim.

Insured's Signature _____ Date _____