Construction Claim Form

## Checklist for Supporting Documents

Please ensure that you attach the following when submitting this Claim Form. Submission of this information will speed up the claim process and potentially minimise the cost of the claim through recovery action.

|  |  |
| --- | --- |
| Document Type | Attached? |
| Copy of Construction Contract |  |
| If completed, Certificate of Completion / Occupancy |  |
| If property damage/theft, list of items affected, quote to repair and original receipts |  |
| If a Subcontractor is responsible, a copy of the agreement |  |
| Copies of any demands or letters from third parties |  |

Important Information

Please ensure this Claim Form is completed in all parts applicable to your claim. The Privacy Consent on the back must be completed. The issue and acceptance of this Claim Form does not constitute an admission of liability by the insurer or a waiver of its rights.

* **All** questions must be answered as fully as possible. Please use additional sheets if necessary and copies of relevant documentation should be attached.
* If you have any questions in relation to completion of the Claim Form, please contact your insurance advisor or broker.
* Please send the completed Claim Form, as soon as possible, to your insurance advisor or broker.
* Appointment of legal representation should not occur without the prior written consent of the insurer.
* You are reminded that in no circumstances should you admit any liability or make any offer of settlement or enter into any correspondence without prior consent from the insurer.

**Sections of this Form to Complete:**

|  |  |
| --- | --- |
| **Part A** General Information | In all circumstances. |
| **Part B**  Loss, Theft or Damage to Contract Works | Where your Contract Works, Plant & Equipment or Existing Structures / property are lost, stolen or damaged, including such property you are required to insure against loss or damage. |
| **Part C**  Third Party Liability | Where third party property is lost or damaged, individuals are injured (excl. your own employees), you are alleged to have trespassed or caused interference or in circumstances where you have received a demand for such. |

Part A General Information

1. Insured and Policy Details

|  |  |  |  |
| --- | --- | --- | --- |
| Insured | Enter text | Policy no. | Enter text |
| Business Address | Enter text | ABN | Enter text |
| Phone | Enter text | Email Address | Enter text |
| Mobile Phone | Enter text |
| Broker Name | Enter text | Broker Phone | Enter text |

1. Electronic Funds Transfer Details

|  |  |  |  |
| --- | --- | --- | --- |
| *Please provide your bank details for any claim payments.* | | | |
| Institution Name | Enter text | Account Number | Enter text |
| BSB (Branch) | Enter text | Account Name | Enter text |

1. GST Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * 1. Are you registered for GST Purposes? | Yes |  | No |  |
| * 1. Are you entitled to claim an Input Tax Credit (ITC) in respect to the GST paid on the insurance policy under which this claim is being made? | Yes |  | No |  |
| If Yes, what is the percentage of the GST you are entitled to claim?  (Note: if the GST paid and your ITC entitlement are the same amount, the answer to this question is 100%) | | | Perc. % | |

1. Details of the Contract or Works

|  |  |  |  |
| --- | --- | --- | --- |
| *Please complete the following details about the construction contract or works concerning the loss.* | | | |
| * 1. Relevant Project | Project name / details | | |
| * 1. Relevant Dates for the works or contract | 1. When did the works / contract commence? | 00/00/0000 |  |
| 1. When is / was the works / contract completed / due to be completed? | 00/00/0000 |  |
| 1. What is the Maintenance / Defects Liability Period (DLP) for the contract? | Months | months |

Part B Loss, Theft or Damage to Contract Works

1. Details of the Loss

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * 1. At what stage did the loss or damage occur? (Please check one) | | | (a) During the Construction Period | | | | | | | | | | | |  | | |
| (b) During the Maintenance / Defects Liability Period (DLP), or | | | | | | | | | | | |  | | |
| (c) After expiration of the Maintenance / Defects Liability Period (DLP). | | | | | | | | | | | |  | | |
| * 1. When did the loss, theft or damage happen? | | | | | | | Date | | | 00/00/0000 | Time | | Enter time Choose | | | | |
| By Whom and when was the loss, theft or damage first discovered? | | | | | | | | | | | | | | | | | |
| Name | Enter text | | | Date discovered | | | | | | 00/00/0000 | Time | | Enter time Choose | | | | |
| * 1. Please provide a full description of the circumstances of the loss. | | | | | | | | | | | | | | | | | |
| Enter text | | | | | | | | | | | | | | | | | |
| * 1. Was the loss reported to the police? (Note: the police MUST be notified when property is lost, stolen or maliciously damaged) | | | | | | | | | | | | Yes | |  | | No |  |
| Police station and Incident number | | | | | | Station | | Enter text | | | | No. | | Enter text | | | |
| * 1. Witnesses Were there any witnesses to the loss, theft or damage? If Yes, please provide details: | | | | | | | | | | | | Yes | |  | | No |  |
| Name | | Enter text | | | Company | | | | Enter text | | | | | | | | |
| Address | | Enter text | | | Email | | | | Enter text | | | Phone | | Enter text | | | |
| * 1. Responsible Party If your property was lost, stolen or maliciously damaged, do you know who is responsible? If Yes, please provide details: | | | | | | | | | | | | Yes | |  | | No |  |
| Name | | Enter text | | | Relationship | | | | Enter text | | | | | | | | |
| Address | | Enter text | | | Email | | | | Enter text | | | Phone | | Enter text | | | |

1. Amount of Loss, Repair Costs and Potential Recoveries

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * 1. What is your estimate of the total insured loss being claimed? | | | | | | | | | $ Amount | | | | | |
| * 1. Is the property repairable? If Yes, please attach a quote for the repairs. | | | | | | | | | Yes | | |  | No |  |
| * 1. Are the lost, stolen or damaged items or works part of another party’s works or responsibility to replace or repair (e.g. a principal or subcontractor?) If Yes, please provide details. | | | | | | | | | | Yes | |  | No |  |
| Party’s name | Enter text | | | | Relationship to you | | | Enter text | | | | | | |
| Details | Enter text | | | | | | | | | | | | | |
| * 1. **Other Insurance** Some of the liability, loss or damage may be covered under other insurance policies. Please list any other insurance you or others have which might cover these items (e.g. relevant subcontractors or the principal). | | | | | | | | | | | | | | |
| Insurer’s name | Enter text | | | Policy no. | | | Enter text | | | | | | | |
| Insurance type | Enter text | | | Who is the insured? | | | Enter text | | | | | | | |
| * 1. **List of Articles Lost or Stolen** If the claim is for lost or stolen property please complete the following details (provide separate list of necessary): | | | | | | | | | | | | | | |
| **Full description of each item lost, stolen or damaged** | | **Date of Purchase** | **Original purchase price ($)** | | | **Input tax credit you can claim on the purchase of these items as a % of the total GST payable** | | | | | **Replacement price/Amount being claimed ($)** | | | |
|  | |  |  | | | (Note: Only complete this column if the items being claimed for are for your GST registered business) | | | | |  | | | |
| Enter text | | Date | Amount | | | Perc. % | | | | | Amount | | | |
| Enter text | | Date | Amount | | | Perc. % | | | | | Amount | | | |
| Enter text | | Date | Amount | | | Perc. % | | | | | Amount | | | |

Part C Third Party Liability

1. Report of the Third Party Personal Injury or Property Damage (including interference)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * 1. When did the occurrence happen? | | | | Date | | 00/00/0000 | Time | | Enter time Choose | | | |
| By Whom and when was the loss reported to you? | | | | | | | | | | | | |
| Name | Enter text | | Date reported to you? | | | 00/00/0000 | Time | | Enter time Choose | | | |
| * 1. Please provide a full description of the circumstances of the occurrence / loss. | | | | | | | | | | | | |
| Enter text | | | | | | | | | | | | |
| Was the occurrence due to or caused by: | | | Choose an item. | | | | | | | | | |
| * 1. Do you know who is responsible? If Yes, please provide details: | | | | | | | | Yes | |  | No |  |
| Name | | Enter text | Company | | Enter text | | | | | | | |
| Address | | Enter text | Email | | Enter text | | | Phone | | Enter text | | |

1. Details of Person Injured or Owner of Damaged Property

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * 1. Please complete details of any person injured; or the owner of the damaged property: | | | | | | | | | | | | | | | |
| Name | | | Address | | | | Relationship to you | | | How are they affected? | | | | | |
| Enter text | | | Enter text | | | | Enter text | | | Enter text | | | | | |
| Enter text | | | Enter text | | | | Enter text | | | Enter text | | | | | |
| Enter text | | | Enter text | | | | Enter text | | | Enter text | | | | | |
| * 1. Nature of personal injury or describe the nature and extent of loss or damage sustained. | | | | | | | | | | | | | | | |
| Enter text | | | | | | | | | | | | | | | |
| * 1. Damaged Property | | | | | | | | | | | | | | | |
| Has any estimate of cost become available? If so, please give details. | | | | | | | | | | | Yes | |  | No |  |
| Enter text | | | | | | | | | | | | | | | |
| * 1. Has a demand been made against you for the personal injury, loss or damage by a third party claimant? If Yes, please provide details and attach any correspondence / documentation. | | | | | | | | | | | Yes | |  | No |  |
| If Yes, by whom and when? | | | | Person | Enter text | | | When? | | | Date. | | | | |
| Other relevant details | | | | | | | | | | | | | | | |
| * 1. Was the cause of the loss or damage as a result of another party’s contract, works or responsibility (e.g. a subcontractor?) If Yes, please provide details. | | | | | | | | | | | Yes | |  | No |  |
| Party’s name | Enter text | | | | | Relationship to you | | | Enter text | | | | | | |
| Details | Enter text | | | | | | | | | | | | | | |
| * 1. Have you have admitted responsibility in any way? If Yes, please provide details. | | | | | | | | | | | Yes | |  | No |  |
| Enter text | | | | | | | | | | | | | | | |
| * 1. **Other Insurance** Some of the liability, loss or damage may be covered under other insurance policies. Please list any other insurance you or others have which might cover these items (e.g. relevant subcontractors or the principal). | | | | | | | | | | | | | | | |
| Insurer’s name | | Enter text | | | | | | Policy no. | | | | Enter text | | | |
| Insurance type | | Enter text | | | | | | Who is the insured? | | | | Enter text | | | |

**Declaration of Claimant**

I acknowledge and declare that:

* I am authorised to make this declaration;
* my insurance policy coverage is subject to the full terms and conditions of the policy wording and the specific coverage terms, limits and endorsements;
* I have read and understood my policy’s Important Notices, including my duty of disclosure to the insurer;
* the above answers are true and correct and understand that the insurer may make its decision on indemnity having regard to these answers;
* Chase may collect, use, store and disclose personal information to offer, promote, provide, manage and administer the financial services and products we and the insurer may offer, in the manner set out in the [Chase Privacy Statement](https://www.chaseunderwriting.com.au/privacy-policy/).

When you give us personal or sensitive information about other individuals, we rely on you to have made or make them aware that you will or may provide their information to us, the purpose we use it for, the types of third parties that we disclose it to and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done either of these things, you must tell us before you provide the relevant information. For further information about our privacy practices, please refer to the Chase Privacy Statement in our website.

|  |  |  |
| --- | --- | --- |
| Signature | Name | Enter text |
| Position | Enter text |
| Date | 00/00/00 |