

contract works claim form

If you need more room for your answers, please attach a separate sheet, indicating the Section and Question you wish to complete.

Claim Number Policy Number

To notify us of your claim please either:

1. Call **1300 852 633** to speak to a Construction Claims Specialist who will be happy to lodge your claim over the phone.
2. Complete this claim form, attach any documents and send it to

Construction Claims

PO Box 294

Collins St West

Melbourne Vic 8007

Level 10, 15 William St

Melbourne VIC 3000

DX 273, Melbourne

Facsimile: 03 9245 8027

Email: engineeringclaims@vero.com.au

Section 1 insured and policy details

Full name of insured	<input type="text"/>		
Postal address	<input type="text"/>		
	<input type="text"/>		
Email	<input type="text"/>	State	Postcode
Telephone B/H	() <input type="text"/>	Telephone A/H	() <input type="text"/>
Mobile	<input type="text"/>	Facsimile	() <input type="text"/>

Section 2 goods and services tax (This section must be completed for ALL claims)

To ensure you do not incur any unnecessary GST liabilities on your claim please complete these details.

Are you registered for GST purposes? No Yes What is your ABN?

If you have an ABN, have you claimed or are you entitled to claim an Input Tax Credit (ITC) on the GST paid on this policy?

No Yes Is the amount claimed less than 100% of the GST applicable to the premium? No Yes Specify the percentage amount claimed %

Section 3 contract/job details

Name of job site owner	<input type="text"/>		
Job site address	<input type="text"/>		
	<input type="text"/>		
	State Postcode		
Description of contract			
Contract price \$ <input type="text"/>	<input type="checkbox"/> Residential construction	<input type="checkbox"/> Commercial construction	
<input type="checkbox"/> New construction	<input type="checkbox"/> Renovation	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Upper storey addition
	<input type="checkbox"/> Speculative development/Display home		
Other (please provide description)	<input type="text"/>		
Start Date <input type="text"/> / <input type="text"/> / <input type="text"/>	Finish Date <input type="text"/> / <input type="text"/> / <input type="text"/>	Advise practical completion date <input type="text"/> / <input type="text"/> / <input type="text"/>	Maintenance Period <input type="text"/> months
Building stage of project at time of loss/damage	<input type="checkbox"/> Slab	<input type="checkbox"/> Frame	<input type="checkbox"/> Lock up
	<input type="checkbox"/> Fix	<input type="checkbox"/> Completed pre-handover	<input type="checkbox"/> Other

Section 4 damage/loss details

Date of loss/damage <input type="text"/> / <input type="text"/> / <input type="text"/>	Time of loss/damage <input type="text"/> am/pm
Address of where the loss/damage occurred	<input type="text"/>
	State Postcode
Describe in detail how loss/damage occurred	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Section 4 damage/loss details (continued)

How was the loss/damage discovered, and by whom?

Were the Police notified? **Theft or malicious damage claims must be reported to the police.** No Yes (Please provide details below)

Date of Police Report / / Police Report Number (attach a copy)

Station the loss/damage was reported to Officer

Are you the owner of the loss/damaged property? Yes No (Please give details of all other parties who have a financial interest in the property)

Name Address
 State Postcode

Was the lost/damaged property:

Subject to a lease or other agreement? No Yes* Covered under another Policy? No Yes*

*Please provide a detailed explanation for all questions answered YES under lost/damaged property

What steps have been taken to minimise damage to property?

Has any property been recovered? No Yes (Please provide details below)

Please provide details of any other party responsible for the damage

Name Address
Telephone () State Postcode

Why do you consider them responsible

If subcontractor responsible please provide the following information: Policy Number
Name of subcontractor's Public Liability Insurer
Occupation/Trade

Section 5 malicious damage/theft of materials/tools/appliances from building site additional information required (if applicable)

Is your claim for Malicious damage or theft? Yes No (Please go straight to Section 6)

NOTE: All portions of section 5 must be completed to assist in the prompt handling of your claim

How was entry to the site gained?

When were the goods/materials delivered to the site? / /

Who delivered the goods/materials to the site? (please provide details of the carrier company)

Do you program your works to minimise theft? No Yes (How? Please provide details below)

Section 6 payment details

For faster payment, provide your bank details for a direct credit to your nominated bank account. We cannot deposit into a credit card account.

Name of bank
Branch
Account holder
BSB number - Account number

A notification will be issued to you when the claim payment has been electronically deposited.

Send cheque to my postal address.

Section 7 statement of claim

Information required for claims (please attach)

Materials and rebuilding costs

- Full itemised quotation to repair damage.
- Purchase invoices for original item(s)
- Installation invoices including labour costs
- Purchase invoices for replacement item(s)
- Replacement item(s) installation invoices including labour costs

Tools

- Purchase invoices for original item(s) (if cannot be provided please supply one of the following for each item(s) claimed)
 - Service documents for item(s)
 - Copy of Asset Schedule for the Company
 - Item(s) instruction manual (originals only accepted – no facsimiles or photocopies)
- If item(s) not already replaced – one quote for equivalent replacement item (must itemise make and model)
- If item(s) already replaced – replacement invoice for equivalent items (must itemise make and model)

Description of Property/Article (note make & model)	Date of Original Purchase	Original Purchase Price (net of GST)	Replacement Cost	GST Amount	Net Amount Claimed
	/ /	\$	\$	\$	\$
	/ /	\$	\$	\$	\$
	/ /	\$	\$	\$	\$
	/ /	\$	\$	\$	\$
	/ /	\$	\$	\$	\$
	/ /	\$	\$	\$	\$
	/ /	\$	\$	\$	\$
	/ /	\$	\$	\$	\$
	/ /	\$	\$	\$	\$
	/ /	\$	\$	\$	\$
	/ /	\$	\$	\$	\$
	/ /	\$	\$	\$	\$
	/ /	\$	\$	\$	\$
	/ /	\$	\$	\$	\$
	/ /	\$	\$	\$	\$

Subtotal	\$
Policy Excess (office use only)	\$
Total	\$

Section 8 privacy statement

The Privacy Act 1988 (Cth) (as amended) requires us to inform you that:

Purpose of collection

We collect personal information (this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) from or about you, for the purposes of:

- issuing, administering and managing the insurance provided following acceptance of an application; and
- investigating and if covered, managing claims made in relation to any insurance you have with us or other companies within the group.

The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose. However for sensitive information, the secondary purpose must be directly related to the purposes listed above.

Disclosure

When necessary and in connection with the purposes listed above, we may disclose your personal information to, and/or receive some personal information from:

- other companies within the group,
- your insurance intermediary or our agent,
- Government bodies, loss assessors, claims investigators, reinsurers, other insurance companies, mailing houses, claims reference providers, legal and other professional advisers, other service providers, hospitals, medical and health professionals.

Consequences if information is not provided

If you do not provide us with the information we need we will be unable to consider your application for insurance cover, administer your policy or manage any claim under your policy.

Access

You can request access to the personal information we hold about you by contacting us at Vero Insurance Limited, 465 Victoria Avenue, Chatswood NSW 2067. In some circumstances we may not agree to allow you access to some or all of the personal information we hold such as when it is unlawful to give it to you. In such cases we will give you reasons for our decision.

Section 8 privacy statement (continued)

Privacy Statement issued

Vero Insurance Limited, 465 Victoria Avenue, Chatswood, NSW 2067.

For personal claimants

I consent to:

- the use of personal information about me for the purposes shown in the Privacy Statement, and
- the disclosure of personal information about me to, and obtaining information from, other parties, including those shown in the Privacy Statement, for any of these purposes.

For all claimants

If I have disclosed personal information about any other person, I confirm that I am authorised to:

- disclose to you personal information about that person and to consent to its use for the purposes shown in the Privacy Statement, and
- consent to disclosure to, and obtaining of other personal information about that person from, other parties including those shown in the Privacy Statement, for any of these purposes.

Section 9 declaration

I/We acknowledge that I/We have read and agree to the privacy consent and authorisation above.

I/We declare that the answers I/We have given in this claim form and information I/We have supplied to Vero is true and correct and that I/We have not withheld any information relevant to this claim. I/We acknowledge that a claim may be refused and/or the policy may be cancelled if the answers or information I/We provide is untrue, inaccurate or concealed.

Claimant name

Signature

Date