



CONSTRUCTION CLAIM FORM

Custodian Underwriting Agency Suite 3.1 56 Delhi Road NORTH RYDE 2113

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

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

- ownership of all property claimed, e.g. original invoices, owners manuals, photos, receipts, etc.
- the repair / replacement of your loss e.g. original invoices, receipts, etc. by trade suppliers / repairers – itemising the precise nature of their quotation or work undertaken e.g. size, model, type, age, hours, cost of labour, parts, prices

Broker Name _____

Policy Number _____

Claim Number _____

Full Name of Insured _____

Postal Address _____

Contact Details Name _____

Tel _____ Fax _____

Mobile _____ Email _____

Tax Status ABN _____ Taxable % _____

Please provide full description of the Contract(s) _____

PARTICULARS OF INCIDENT

Date of Loss _____

Contract Period Commencement _____ Practical Completion _____

Provide Details of what happened

What was lost or damaged?

Estimate Claim Amount \$ _____

THIRD PARTY LIABILITY

Did Injury to Third Party Occur?

YES NO

If yes, please provide the following details

Name of Injured Person _____

Address _____

Contact Details

Tel _____

Fax _____

Mobile _____

Email _____

Was the injured person working on site? YES NO

If yes please provide details

Date of Injury _____

Time of Accident _____

am / pm

Was hospitalisation required?

YES NO

Provide details of
what happened

What Injuries were
sustained?

What assistance was
provided to the
injured person?

Did Third Party Damage Occur?

YES NO

If yes, please provide the following details

Name of Third Party _____

Address _____

Contact Details

Tel _____

Fax _____

Mobile _____

Email _____

Was the Third Party
working on site?

Date of Accident _____

Time of Accident _____

am / pm

Details of the
damage

Estimate Damage Amount \$ _____

Do you consider anyone else responsible for damage? YES NO

If yes please provide details

WITNESS(ES)

Were there any witness(es)? YES NO

If yes, please provide the following details

Name of Witness _____

Address _____

Contact Details
Tel _____ Fax _____
Mobile _____ Email _____

Name of Witness _____

Address _____

Contact Details
Tel _____ Fax _____
Mobile _____ Email _____

YOUR CLAIMS HISTORY

Has any person covered under this Insurance Policy ever sustained a loss during the past FIVE (5) years? YES NO

If yes, please provide the following details

Date	What Happened	Insurer	Amount \$

IMPORTANT (Please read the following carefully before signing this Claim Form)

PRIVACY

Custodian Underwriting Agency respects your privacy & complies with the Privacy Act & the National Privacy Principles. A copy of our Privacy Statement is available from our office or online at www.custodianua.com.au

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 & SIGNATURE

You declare & acknowledge as follows

- **You** solemnly and sincerely declare that you 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 **You** have not concealed any information relating to this claim. **You** 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 **You** will immediately refund the company any sum which may have been paid to **You** in respect to such property. In the event of any property being recovered in damaged condition **You** will immediately hand the same over to the company for disposal as may be agreed
- **You** acknowledge that **You** 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
- **You** acknowledge that if **You** do not agree to the collection of this personal and sensitive information, then we will be unable to process **Your** claim

Insured's Signature _____

Date _____