

Contract Works Incident Report

The supply or acceptance of this form is not an admission of liability on the part of Allianz.

Claim Number _____

General Information

Name of insured _____

Contact person _____

Telephone no. Home () _____ Work () _____ Mobile no. _____

Email _____

Postal address _____

State _____ Postcode _____

Broker/Agent name _____

Telephone no. () _____

Policy no. _____

Excess \$ _____

Inception Date ____ / ____ / ____ Expiry date ____ / ____ / ____

Interested Parties

Is the property being claimed for under a financial agreement? Yes No

Name of financier _____

Contract no. _____

GST

Are you registered for GST purposes? Yes No

ABN _____

To what extent are you entitled to claim an Input Tax Credit on the GST for this policy? _____ %

Principal Details

Principal's name _____

Contractor's name _____

Your relationship to contractor (e.g. subcontractor)? _____

Contract Value \$ _____

Risk situation _____

State _____ Postcode _____

Contract Details

Contract commencement date ____ / ____ / ____ Completion date ____ / ____ / ____

Construction period ____ weeks Maintenance period ____ weeks

Incident Report

Location _____

Date of incident ____ / ____ / ____ Time ____ AM / PM

Describe the incident _____

Initial estimate of loss or damage \$ _____

Schedule of items lost (or if insufficient space attach list)

Items	Purchase Date	Value	Amount Claimed	ITC % Entitlement*
	/ /	\$	\$	
	/ /	\$	\$	
	/ /	\$	\$	
	/ /	\$	\$	
	/ /	\$	\$	
	/ /	\$	\$	

* Please show the extent to which you can claim an Input Tax Credit for each item.

Police Report

Did you report the theft to a police station within 24 hours? Yes No

Yes Name of officer _____
 Police station _____
 Police report no. _____
 Date / / Time _____ AM / PM

No State reason _____

Personal Injury

Was any person injured as a result of the incident? Yes No

If Yes, name of injured person _____

Age _____ years Sex _____

Address _____
 State _____ Postcode _____

Telephone no. Home () _____ Work () _____ Mobile no. _____

Occupation _____

Nature of injury _____

Date reported / /

To whom reported? _____

Remember to also enter details of the accident into your site diary or accident report register

Has a formal approach been made to you by or on behalf of the Third Party? Yes No

If Yes, please give details _____

If you received any written communication, do not answer. Attach it to this form.

Property Damaged

Please give details below if any third party's property was damaged.

Owner of damaged property _____

Address _____
 State _____ Postcode _____

Telephone no. Home () _____ Work () _____ Mobile no. _____

Description _____

Estimated cost \$ _____

Witnesses

Were there any witnesses to the event Yes No

If Yes, please complete the following

Name(s) of witness(es) _____

Address _____
 State _____ Postcode _____

Telephone no. Home () _____ Work () _____ Mobile no. _____

Where was the witness? _____

If you received any written communication from the third party, do not answer. Attach it to this form.

Privacy Notice

The personal and sensitive information collected in this form and other information you or third parties provide in connection with this claim will be used to process this claim, compile and analyse data, and resolve claim disputes. If you do not provide this information to us we may not be able to process this claim.

We may have to disclose your personal and other information to third parties who assist us in assessing and processing this claim, including other insurers, health service providers, investigators, our specialist advisors, our service providers or as required by law.

You have the right to seek access to your personal information and to correct it at any time. For information about how you may access and request correction of personal information we hold about you, or complain about a breach of the Australian Privacy Principles, please see our privacy policy available at www.allianz.com.au or contact us on 1300 360 529 EST 9am-5pm, Monday to Friday.

IDR Statement

Disputes are not an everyday occurrence at Allianz. However we do 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 this process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

Declaration

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld.

I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.

I/We acknowledge that I/we have read and understood the Privacy Act 1988 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, with their approval.

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

Signature of Insured _____ Date ____/____/____