

Contract Works Incident Report

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

Claim Number

Name of Insured: _____
 Contact Person _____
 Home Phone No. _____ Work Phone No. _____ Mobile No. _____
 Email _____ Occupation _____
 Postal Address _____
 _____ Postcode _____
 Broker/Agent Name _____ Phone 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. _____

G.S.T. Are you registered for GST purposes? Yes No A.B.N. _____

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

Principal's Name _____

Contractor's Name _____

Your relationship to Contractor (e.g. Subcontractor)? _____ Contract Value \$ _____

Risk Situation _____
 _____ Postcode _____

Contract Commencement Date _____ **Completion Date** _____

Construction Period _____ weeks **Maintenance Period** _____ weeks

Incident Details: Location _____
 _____ Postcode _____

Date of Incident _____ Time of Incident _____

Describe the Incident _____

Initial estimate of Loss or Damage _____ \$

Schedule of Items Lost (or if insufficient space attach list)	Value	Amount Claimed	%ITC*
	A\$	A\$	
	A\$	A\$	
	A\$	A\$	
	A\$	A\$	
	A\$	A\$	

* 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?

No Reason _____
Yes Name of Officer _____ Police Station _____
Police Report No. _____ Date _____ Time _____ am/pm

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

If Yes, Name of Injured Person _____ Age _____ years Sex _____
Address _____
Postcode _____

Telephone No. (Home) _____ Telephone No. (Work) _____
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, 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 _____
Postcode _____
Telephone No. (Home) _____ Telephone No. (Work) _____
Description _____
Estimated Cost \$ _____

Witnesses: Were there any witnesses to the event (if yes, please complete the following) Yes No

Name(s) of Witness(es) _____
Address _____
Postcode _____
Telephone No. (Home) _____ Telephone No. (Work) _____
Where was the witness? _____

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

Privacy: The Privacy Act 1988 requires us to tell you that as an insurer we collect your personal and sensitive information in order to calculate your loss and entitlements, determine our liability, compile data and handle claims. When handling claims, we may 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. You have the right to seek access to your personal information and to correct it at any time. Please contact us on 1300 360 529 EST 9am-5pm, Monday-Friday and advise us of the changes.

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 _____