



Construction

Contract Works and Material Damage Claim Form

vAWAHC0121

Important Notices

PEN UNDERWRITING PTY LTD
ABN 89 113 929 516 AFSL 290518

Send your completed Claim Form to

Pen Underwriting
Construction Claims
GPO Box 541
Brisbane QLD 4001
claims.au@penunderwriting.com

PRIVACY

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Instructions

Please download and save this PDF to your desktop and open via Adobe Acrobat to fill out digitally. Filling the form out in your browser will not save your answers.

Please read this Claim Form fully prior to answering the questions.

- Refer to the Policy Wording for details of coverage and conditions applicable to claims.
- If there is insufficient space in this Form, provide further details on your letterhead.
- Attach all relevant documentation.

1. **Policy Number**

2. **Insured Details**

(a) Named Insured:

(b) Occupation of Insured:

(c) Postal Address:

(d) Contact Name:

Contact Number: Business: Mobile:

3. **Goods and Services Tax (GST) Details**

Are you registered for GST? ☐ Yes ☐ No **GST %** (If varied from 100%):

ABN:

4. **General Information**

Date of Event:	___/___/___	Time of Event:	___:___ AM / PM
Nature of Event: <input type="checkbox"/> Loss <input type="checkbox"/> Theft <input type="checkbox"/> Damage <input type="checkbox"/> Injury <input type="checkbox"/> Other:			
Please provide location of event:			
Street address:			
.....			
City/ Suburb:		State:	Postcode:
Project Site Street address:			
.....			
City/ Suburb:		State:	Postcode:
What happened and how did it occur?			
.....			
.....			
.....			
State the nature of the injury, loss or damage sustained:			
.....			

.....	
With regard to lost or damaged property, is an estimate of cost available? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes , what is it: \$.....	
Was the injury, loss or damage reported to the Police or other authority? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes , Please provide detail of report.	
Report Number:	
Police Station:	
Name of officer:	
If Police or other authority charges were laid or are pending, please advise details:	
If the injury, loss or damage was not reported, please provide reason for not reporting:	

Was a vehicle or plant of any kind involved in the event? If **Yes**, provide details ☐ Yes ☐ No

Drivers Name:			
Description of vehicle:			
Registration Number:		Serial Number:	
Was the driver licensed to drive/operate the vehicle or plant? <input type="checkbox"/> Yes <input type="checkbox"/> No			

5. Some of the property lost, stolen or damaged may be covered under other policies. Please list all other insurances which might cover these items.

(a) Name of Insurer:

(b) Policy Number:

(c) Type of Insurance:

6. Has a report of injury and or property loss or damage been made to you by a Third Party Claimant? ☐ Yes ☐ No

If **Yes**, please provide details including whom and when:

.....

.....

7. Are you responsible for the injury and or loss or damage?

☐ Yes ☐ No

If **Yes**, please describe:

.....

.....

8. Have you admitted responsibility to any third party?

☐ Yes ☐ No

If **Yes**, please describe:

.....

.....

Were there any witnesses?

☐ Yes ☐ No

Witness Name:	
Address	
Telephone	

Witness Name:	
Address	
Telephone	

Witness Name:	
Address	
Telephone	

DECLARATION

I declare that:

- I have read and understood the Important Notices in this Form.
- The answers and information provided are true and correct.

Signature:.....

Full Name:.....

Title:

Date: