

# CONSTRUCTION

## Contract Works and Liability Claim Form



### IMPORTANT NOTICES

#### Send your completed claim form to

Pen Underwriting  
Construction Claims  
GPO Box 541  
Brisbane QLD 4001

[claims.au@penunderwriting.com](mailto:claims.au@penunderwriting.com)

#### Privacy

Pen Underwriting handles your personal information with care and in accordance with the Privacy Act 1988 and the Australian Privacy Principles. We collect personal information about you to provide you with insurance and insurance related services. We may disclose your personal information to third parties for the purposes described in our Privacy Policy, including related entities, insurers, reinsurers, agents and service providers, some of whom may be located in the United States of America, United Kingdom and India. By asking us to provide you with insurance and insurance related services, you consent to the collection, use and disclosure (including overseas disclosure) of your personal information for the purposes described in our Privacy Policy. Where you provide personal information about others, you represent to us that you have made them aware of that disclosure and of our Privacy Policy and that you have obtained their consent. If you do not consent to provide us with the personal information that we request, or withdraw your consent to the use and disclosure of your personal information at any stage, we may not be able to offer you the products or provide the services that you seek. For information about how to access and or correct the personal information we hold about you or if you have any concerns or complaints, ask us for a copy of our Privacy Policy or visit [www.penunderwriting.com.au](http://www.penunderwriting.com.au)

#### Complaints Handling

Any enquiry or complaint relating to this insurance should be referred to Pen Underwriting in the first instance. If you are dissatisfied with a decision Pen Underwriting makes, our service, the service of others we appoint to discuss insurance matters with you, or a claim settlement, we have an internal dispute resolution process to assist you. It is Allied World's intention to always supply a first-class standard of service, if Pen Underwriting are unable to resolve the matter or you are not satisfied with the way a complaint has been dealt with, you should write to:

Allied World Insurance  
Level 21, Australia Square, 264 George Street  
Sydney NSW 2000  
Telephone: (02) 8015 2500  
Email: [auscompliance@awac.com](mailto:auscompliance@awac.com)

Pen Underwriting Pty Ltd ABN 89 113 929 516 AFSL 290518  
[www.penunderwriting.com.au](http://www.penunderwriting.com.au)

Sydney  
Brisbane  
Melbourne

Suite 1105, Level 11, 99 York Street Sydney NSW 2000  
Level 9, 60 Edward Street, Brisbane QLD 4000  
Level 3, 333 Collins Street, Melbourne VIC 3000

02 9323 5000  
07 3056 1400  
03 9810 0600

# CONSTRUCTION

## Contract Works and Material Damage Claim Form



### Instructions

- Please refer to the Policy Wording for details of coverage and general conditions applicable to claims.
- Please ensure that this claim form is completed for all Sections of the Policy which apply to your claims. Any question left unanswered or incomplete may delay the processing of your claim.
- If there is insufficient space to answer any question, please include in the additional information section of this claim form.
- The issue and acceptance of this Claim Form does not constitute an admission of liability by the Insure(s) or a waiver of their rights.

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

<b>Date of Event:</b>	___/___/___	<b>Time of Event:</b>	___:___ AM / PM
<b>Nature of Event:</b> <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:..... ..... 121 City/ Suburb: ..... State:..... Postcode:.....			

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What happened and how did it occur?  
 .....  
 .....

State the nature of personal injury, loss or damage sustained:  
 .....  
 .....

With Regard to loss or damaged property, has an estimate of cost become available?  Yes  No  
 If Yes, what is it: \$.....

Was the loss or damage reported to the Police or other authority?  Yes  No  
 If **Yes**, Please provide detail of report.

<b>Report Number:</b>	
<b>Police Station:</b>	
<b>Name of officer:</b>	

If Police or other authority charges were laid or are pending, please advise details:  
 .....  
 .....

If the 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

<b>Drivers Name:</b>			
<b>Description of vehicle:</b>			
<b>Registration Number:</b>		<b>Serial Number:</b>	

Was the driver licensed to drive/operate the vehicle or plant?  Yes  No

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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: .....

7. Has a report of personal injury and or property damage been made to you by a Third Party Claimant?  Yes  No
- If **Yes**, please provide details including whom and when:
- .....
- .....

8. Are you responsible for the damage and or injury?  Yes  No
- If **Yes**, please describe:
- .....
- .....

9. Have you admitted responsibility to any third party?  Yes  No
- If **Yes**, please describe:
- .....
- .....

Were there any witnesses?  Yes  No

<b>Witness Name:</b>	
<b>Address</b>	
<b>Telephone</b>	

<b>Witness Name:</b>	
<b>Address</b>	
<b>Telephone</b>	

<b>Witness Name:</b>	
<b>Address</b>	
<b>Telephone</b>	

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**Contract Works and Material Damage Claim Form**



**Declaration of Insured**

- I/We have read and understood the **Important Notices** on this Claim Form.
- The answers and information given in this Claim Form are true and correct in all respects.
- I/We have read the Pen Underwriting Privacy Statement in this Claim Form and consent to the use, disclosure and obtaining of personal information about the insured for the purposes shown in the Privacy Statement.
- Where I/We have provided information about another individual, that individual has been made aware of that fact and of the Pen Underwriting Privacy Statement.

Signature of Insured: .....

Date: .....

Full Name: .....

Title: .....

# CONSTRUCTION Contract Works and Material Damage Claim Form



## ADDITIONAL INFORMATION

If there is inadequate space to answer our Questions, please use this Additional Information section. **This information forms part of the claim form and is subject to the above declaration.**

QUESTION	ANSWER