

# 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](http://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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_