

CLAIM FORM ➔

Material Damage – Contract Works

EXTF055

Call ATC Claims for assistance on **1800 994 694**

1. This claim form must be completed by the **named insured** of the policy.
2. Check all relevant questions have been answered (including by selecting either Yes or No wherever this option is given) and the declaration has been signed and dated.
3. It will also assist the claim decision making process if **you** attach a complete copy of the signed contract relevant to this claim when submitting your claim form.
4. Please keep a copy of the completed claim form and attachments for your records.
5. Forward your completed claim form with the relevant documentation to your insurance broker representative. Alternatively, you can send, fax or scan and email or deliver your completed form to the address below and we will notify your insurance broker on receipt.
6. Send to:
ATC Insurance Solutions Pty Ltd
Level 4, 451 Little Bourke Street
Melbourne VIC 3000
Fax (03) 9867 5540
Email info@atcis.com.au

SECTION A Insured Details

This claim form should be completed in accordance with the information detailed on your insurance policy.

Corporation/company name (if applicable) _____

Trading name (if applicable) _____

Australian Business Number (ABN) (if applicable) ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ / ____ /

Contact

Title _____ First name _____ Last name _____

Job title _____

Work telephone (____) _____ Fax (____) _____ Mobile _____

Email _____

Business address _____

Suburb _____ State _____ Postcode _____

Postal address (if different from above) _____

Suburb _____ State _____ Postcode _____

Policy Details

Type of policy _____ ATC Insurance policy number _____

Period of insurance From ____ / ____ / ____ To ____ / ____ / ____

Goods and Services Tax

The following information must be completed to ensure you do not incur unnecessary Goods and Services Tax (GST) liabilities on your claim settlement.

Is your company/organisation registered for GST? Yes No

If you have an ABN, have you claimed or are you entitled to claim an Input Tax Credit (ITC) on the GST paid on this policy? Yes No

Is the input amount claimed less than 100% of the GST applicable to the premium? Yes No

If Yes, please specify the percentage amount claimed _____%

Electronic Funds Transfer

If your claim is approved and you wish to have the payment transferred directly to your bank account, please provide your account details

Bank name _____ Bank branch _____

Account name _____

BSB ____ / ____ / ____ - ____ / ____ / ____ Account no. _____

SECTION B Contract/Job Details

1. Job site owner name _____
2. Job site street address _____
Suburb _____ State _____ Postcode _____
3. Contract price \$ _____ 3a. Date of contract ____/____/____
4. Type of construction work being undertaken (select all applicable)
- Residential Commercial construction Civil works Earthmoving
- New construction Renovation Maintenance
- Upper storey addition Speculative development / display home
- Other (please provide description) _____

5. When did the work commence? ____/____/____
6. When is/was the practical completion date? ____/____/____
7. What is the maintenance period of the contract? _____ months
8. Building stage of project at time of loss/damage (select one)
- Slab
- Frame
- Lock up
- Fix
- Completed pre-handover
- Other (please provide description) _____

SECTION C Claim Details

Important: any theft or malicious damage incidents must be reported to police prior to making an insurance claim under your ATC Insurance Solutions policy.

- 1a.** Date of incident ____/____/____ **1b.** Time of incident _____ am/pm
- 2.** Street address where incident occurred _____
Suburb _____ State _____ Postcode _____
- 3.** Describe in detail how the incident occurred _____

- 4.** How was the incident discovered and by whom? _____

- 5.** Were the police notified? Yes No
- 5a.** Police report number _____ **5b.** Date of police report ____/____/____
(please attach a copy of the report)
- 5c.** Police officer's name _____
- 5d.** Police station the incident was reported to _____
- 6.** Are you the owner of the property stolen or damaged? Yes No
- 6a.** If No, please provide contact details for the property owner
First name _____ Last name _____
Corporation/company name _____
Work telephone (____) _____ Fax (____) _____ Mobile _____
Email _____
Business address _____
Suburb _____ State _____ Postcode _____
Relationship to insured _____
- 7.** Is your claim for malicious damage or theft? Yes No
- 7a.** If Yes, when were the goods/materials delivered to the site? ____/____/____
- 7b.** How was entry to the site gained? _____
- 8.** If stolen, has any of the property been recovered? Yes No **8a.** If Yes, please provide details _____

- 9.** Is the property covered under another insurance policy, such as a principal-arranged policy or other contractor's policy?
 Yes No **9a.** If Yes, please provide details of other applicable insurance policies _____

Claim Details SECTION C continued

Important: any theft or malicious damage incidents must be reported to police prior to making an insurance claim under your ATC Insurance Solutions policy.

10. If damaged (other than malicious damage), what steps were taken prior to the incident to minimise damage to property?

Third party

11. Was a third party responsible for the property damage? Yes No

11a. If Yes, please provide contact details of any other party you believe is responsible for the property damage

First name _____ Last name _____

Corporation/company name (if applicable) _____

Work telephone _____ Mobile _____

Email _____

Business address _____

Suburb _____ State _____ Postcode _____

Relationship to insured _____

11b. Why do you consider this person/company responsible for the damage? _____

11c. Please provide the following information

- Name of other party's relevant insurer _____
- Other party's insurance policy number _____

Witnesses

12. Were there any witnesses to the property theft/damage? Yes No

If Yes, please complete the following

12a. First name of witness _____ Last name of witness _____

Mobile _____ Other telephone _____

Street address _____

Suburb _____ State _____ Postcode _____

Where was the witness at the time of the property loss/damage? _____

What is your relationship to the witness? _____

12b. First name of witness _____ Last name of witness _____

Mobile _____ Other telephone _____

Street address _____

Suburb _____ State _____ Postcode _____

Where was the witness at the time of the property loss/damage? _____

What is your relationship to the witness? _____

SECTION D Declaration

Privacy Act

In this statement “we”, “us” and “our” means Lloyd’s and ATC Insurance Solutions (ATC) as its agent.

We are bound by the requirements of the *Privacy Act 1988* (Cth), the *Privacy Amendment (Private Sector) Act 2000* (Cth) and the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. This sets out standards on the collection, use, disclosure and handling of personal information.

Our Privacy Policy is available at www.atcis.com.au or by contacting us.

We, and our agents, need to collect, use and disclose your personal information in order to consider your application for insurance and to provide the cover you have chosen, administer the insurance and assess any claim. You can choose not to provide us with some of the details or all of your personal information, but this may affect our ability to provide the cover, administer the insurance or assess a claim.

We may disclose your personal information to third parties (and/or collect additional personal information about you from them) who assist us in providing the above services and some of these are likely to be overseas recipients in the United Kingdom. These parties which include our related entities, distributors, agents,

insurers, claims investigators, assessors, lawyers, medical practitioners and health workers, and federal or state regulatory authorities, including Medicare Australia and Centrelink will only use the personal information for the purposes we provided it to them for (unless otherwise required by law).

Information will be obtained from individuals directly where possible and practicable to do so. Sometimes it may be collected indirectly (e.g. from your representatives or co-insureds). If you provide information for another person you represent to us that:

- You have the authority from them to do so and it is as if they provided it to us;
- You have made them aware that you will or may provide their personal information to us, the types of third parties we may provide it to, the relevant purposes we and the third parties we disclose it to will use it for, and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done or will not do either of these things, you must tell us before you provide the relevant information.

You are entitled to access your information and request correction if required. You may also opt out of receiving materials sent by us by contacting ATC on (03) 9258 1777 or write to us at the address given on page one.

Declaration

If this claim is made on behalf of a company, the following declaration must be made and signed by an authorised representative of the company.

I/we declare that the statements made on this claim form are true and that no material facts have been suppressed or misstated.

Furthermore, I/we

- have either completed all of the questions on this form personally or they have been completed by someone else on my/our behalf and the answers have been checked for fullness and accuracy by me/us**
- agree that if I/we have made, or in any further declaration in respect of the claim make, any false or fraudulent statements or suppress, conceal or falsely state any material fact whatsoever, the cover shall be void and I/we will lose my/our rights for this claim and any future claims**
- I/we consent to ATC Insurance Solutions (and authorised third parties) using personal information provided on this form, including information provided regarding other parties, for the purposes of processing this claim.**

First name _____ Last name _____
(PLEASE USE BLOCK LETTERS)

Signature _____ Date ____/____/____