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Contract Works Claim Form

The Issue of this Form is not an Admission of Liability by Insurer

Policy #:

Claim #:

Please complete and return this claim form as soon as possible, so that your claim will receive prompt consideration by the Insurers.

The Insured

Surname: [text box]

Other Names: [text box]

Title:  Mr  Mrs  Miss  Ms

Address: [text box]

Postcode: [text box]

Occupation: [text box]

Phone Private: [text box] Business: [text box]

Fax No.: [text box] Mobile: [text box]

Email Address: \* [text box]

Contact name: [text box]

Are you registered for GST?  Yes  No

If Yes, what is your ABN? [text box]

Have you claimed an input tax credit on the GST amount applicable to this policy?  Yes  No

If Yes, is the amount claimed less than 100% of the GST applicable to  Yes  No

the premium?

If Yes, specify amount claimed:

Are you entitled to claim an input tax credit for the repairs or replacement of the vehicle?

Yes  No

If Yes, is the amount claimable less than 100%?

Yes  No

If Yes, specify amount claimed:

### Particulars of incident

Date of loss:

  (dd/mm/yyyy)

Defects

Liability Period (Months)

Contract

Period:

Commenced

Practical

Completion:

What Happened?

provide a sketch if appropriate:

 

What is lost or damaged?

Estimate of amount of Claim:

### Third party liability

Did injuries to third parties occur?

Yes  No

Contact Name of Injured person:

Postal Address:

Postcode:

Phone Private:  Business:

Was the injured person working on site?  Yes  No

Date of injury:   (dd/mm/yyyy)

Time of accident:   
(am/pm)

Was hospitalisation required?  Yes  No

What happened?

What injuries were sustained?

Do you consider anyone else responsible for injury (if so why)?

Did Third Party Property Damage occur?  Yes  No

Contact Name of Third Party:

Postal Address:

Postcode:

Date of accident:   (dd/mm/yyyy)

Time of accident:   
(am/pm)

What was the damage?

What is the estimated amount of damage? \$

Do you consider anyone else responsible for injury (if so

why)?

### Witnesses

Name  
Addresses and  
Telephone  
numbers of  
non-  
independent  
witnesses:

Names,  
Address and  
Telephone  
numbers of  
independent  
witnesses:

To avoid unnecessary delay in processing your claim, it is important that you attach documentation to support :

- 1 Ownership of all property claimed, eg. Original invoices, owners manuals, photos, receipts, etc...
- 1 The repair / replacement of your loss. Eg. Original invoices, receipts, etc... by trade suppliers / repairers – itemising the precise nature of their quotation or work under taken eg. Size, model, type, age, hours, cost of labour, parts, prices...

Attachment:  
Attach any  
supplementary  
information  
here

Browse...

\* Indicates a mandatory field.

**Submit**

### Privacy

The Privacy Act 1988 requires us to tell you that we as broker and the insurer collect your personal and sensitive information in order to calculate your loss and entitlements, determine the insurer's liability, compile data and handle claims.

When handling claims we and the insurer may have to 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.

Where you give us information about other persons you must have their consent to this and provide it on their behalf. If not, you must tell us.

You have the right to seek access to your personal information and to correct it at any time. Please contact us to advise if any changes are required.

### Internal Dispute Resolution (IDR) Statement

Disputes are not an everyday occurrence. However insurers 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 that process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

### Declaration (must be completed)

1. I/We the insured do solemnly and sincerely declare that I/We have complied with the conditions and warranties (if any) of the policy and have not deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or misrepresentation and that the information shown on the form is true and the I/We have not concealed any information relating to this claim. I/We understand that this claim may be refused if the information is untrue, inaccurate or concealed.

2. Further it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the company any sum which may have been paid to me/us in respect of such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.
3. I/We acknowledge that I/we have read and understood the Privacy Act 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.
4. I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information, then the broker and the insurer will be unable to process my/our claim.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### How To Get Quick Action On Your Claim

1. Complete the attached form and return to our office. If an assessor is appointed, give them the forms.
2. Attach all original quotations or invoices obtained for replacement of or repair to the damaged or missing property. Photocopies are not accepted as a rule.
3. Attach original valuations and receipt of purchases whenever possible.
4. Advise the Police immediately in the event of loss by burglary, housebreaking, theft, suspected malicious damage. Also make sure the premises are secure to avoid further incidents. Note: Police reports are very slow so if you can obtain one at the time the report is taken, then this will save valuable time or at least obtain a copy or report number.
5. Attach any letter of demand or other correspondence that you may receive from any Third Party.
6. Do not make any admission of liability for loss or damage caused by you to the Third Parties.

### *WHAT WE WILL DO - IF THE PAPERWORK IS CORRECT AND COMPLETE:-*

- | Submit the claim form to the Insurer
- | If the claim has not been paid within 30 days we will contact the Insurer and then advise you accordingly
- | We will then follow up the claim when necessary until settlement is reached, however, please feel free to call at any time

### *WHAT AN ASSESSOR WILL DO:-*

- | An assessor is an independent person who is appointed by the Insurer for their expertise in helping you finalise a larger or more difficult claim
- | They will interview and obtain details of a loss and arrange for quotes and prepare the necessary paperwork
- | The assessor is your contact point
- | The assessor will write a report to the Insurer recommending a course of action
- | This can take time depending on their work load and Police Reports
- | The Insurer will not act until these reports are received and although not bound by the assessor recommendations, the Insurers usually accept these reports.
- | If you are unhappy with any aspect of the claim, advise the assessor. If he is unable to correct the problem then contact us immediately. We will not know of any problem without being advised.
- | If you are unhappy with the assessor's responses, contact us immediately.