

CLAIM FORM ➔

## Liability – Contract Works

EXTF062

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. If you have received any documents or written correspondence relating to this claim, **you** should attach copies when submitting your claim form.
4. 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.
5. Please keep a copy of the completed claim form and attachments for your records.
6. 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.
7. 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](mailto:info@atcis.com.au)

### Important information:

- Do not admit liability
- If anyone holds you responsible for damage, loss or injury, insist that any such claim is made in writing
- Forward any communication received relating to this claim to ATC Insurance Solutions immediately.

## 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 \_\_\_\_\_%

## SECTION B Contract/Job Details

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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

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- 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.** Site foreman or person in charge at time of incident \_\_\_\_\_  
First name \_\_\_\_\_ Last name \_\_\_\_\_  
Corporation/company name (if applicable) \_\_\_\_\_  
Work telephone \_\_\_\_\_ Mobile \_\_\_\_\_  
Email \_\_\_\_\_  
Business address \_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
Relationship to insured, if any \_\_\_\_\_
- 6.** Is the injury/property damage covered under another insurance policy, such as a principal-arranged policy or other contractor's policy?  
 Yes    No      **6a.** If Yes, please provide details of other applicable insurance policies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Injured person/s

- 7.** Was any person injured?    Yes    No  
If Yes, please provide details \_\_\_\_\_
- 7a.** First name \_\_\_\_\_ Last name \_\_\_\_\_  
Mobile \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
Nature and extent of injuries \_\_\_\_\_  
Relationship to insured, if any \_\_\_\_\_
- 7b.** First name \_\_\_\_\_ Last name \_\_\_\_\_  
Mobile \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
Nature and extent of injuries \_\_\_\_\_  
Relationship to insured, if any \_\_\_\_\_

**Third party property**

8. Was any third party property damaged?  Yes  No

If Yes, please provide contact details for the property owner/s

8a. First name \_\_\_\_\_ Last name \_\_\_\_\_

Corporation/company name (if applicable) \_\_\_\_\_

Work telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Business address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Nature and extent of damage \_\_\_\_\_

Relationship to insured, if any \_\_\_\_\_

8b. First name \_\_\_\_\_ Last name \_\_\_\_\_

Corporation/company name (if applicable) \_\_\_\_\_

Work telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Business address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Nature and extent of damage \_\_\_\_\_

Relationship to insured, if any \_\_\_\_\_

8c. Estimate of repair cost or replacement value for damaged property \$ \_\_\_\_\_

## SECTION C ➔ Statement of Claim

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### Witnesses

9. Were there any witnesses to the incident?  Yes  No

If Yes, please complete the following

9a. 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? \_\_\_\_\_

9b. 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? \_\_\_\_\_

### Responsibility

10. Has any person indicated or suggested a claim will be made against you?  Yes  No

10a. If Yes, please provide details of any relevant conversations or correspondence (include copies of all correspondence with your claim)

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