

CONSTRUCTION INSURANCE CLAIM FORM

IMPORTANT NOTES

UTMOST GOOD FAITH

The Insurance Contracts Act 1984 imposes the duty of Utmost Good Faith not only on Us but on all parties to the insurance contract. To act in good faith You need to:

- comply with your Duty of Disclosure as noted in the Policy,
- comply with the terms and conditions of the Policy,
- take such measures as may be reasonable, for the purpose of averting or minimising a loss and to ensure that all rights against third parties are properly preserved and exercised, and
- co-operate with Us, or parties We appoint, with regard to any reasonable request that we, from time to time, might make,

With Your co-operation, We can fulfil our obligation to handle Your claim efficiently and to effect its settlement in accordance with the Policy.

OUR INTENTION

It is our intention to treat You fairly and to conduct the handling of Your claim properly so that it can be dealt with in a reasonable timeframe, having regard to the nature and circumstances that gave rise to Your loss.

OUR EXPECTATIONS

With regard to claims involving damage to Insured Property, You must retain the damaged items for Our inspection and not authorise any repairs to such items prior to our consent unless in the case of urgent emergency repairs necessary to minimise further damage.

With regard to claims involving third parties, You must not make any admission of liability.

DISPUTE RESOLUTION

In the unlikely event that We are unable to resolve this claim to your satisfaction, please refer to the Policy as it contains important information about resolving disputes.

GENERAL INSURANCE CODE OF PRACTICE

We proudly support the General Insurance Code of Practice. The purpose of the Code is to raise the standards of practice and service in the general insurance industry.

The Code aims to improve

- the quality, comprehension and accuracy of policy documents and other information provided to consumers;

- employee and agent training and supervision;
- Claims handling and dispute resolution.

For further information on the Code, please visit www.codeofpractice.com.au or alternatively You can request a brochure on the Code from Us.

AGENT OF THE INSURERS

SURA Construction Pty Ltd in arranging or effecting this insurance or dealing with or settling claims will be acting under an authority given to it by certain insurers. Accordingly SURA Construction Pty Ltd will be acting as an agent of the insurers and not as your agent.

INFORMATION WE MAY NEED

Completing this claim form is an important step in complying with the processes and procedures that We, as an Authorised Representative of the Insurer, are obligated to follow. They exist for our mutual benefit and We ask that You are mindful of this fact throughout the conduct of this claim. Providing this claim form to You or accepting it from You completed does not constitute an admission of liability by Us.

Please answer all questions relating to your claim as fully as possible. If you are unable to fit your answers in the spaces provided, complete your answers on an additional page.

Depending on the individual circumstances of the loss, We, or parties We appoint, may need to request further information or to make further investigations. If You do not provide the requested information or consent to its collection and disclosure, the assessment of your claim may be delayed or We may not accept the claim.

Information or documentation that We might require in addition to that contained in the claim form could include:

- Initial purchase invoices (supporting data and proof of purchase/ownership)
- Repair quotations
- Any writ (should this be a liability claim)
- Summons
- Letters of demand
- Complaints received in relation to the claim
- If hired equipment, a copy of the hire agreement

Please forward any information that You believe to be relevant to this claim to office immediately.

To ensure prompt action ALL documentation is to be submitted by email to claims@sura.com.au.

SECTION 1 – INSURED DETAILS

Insured

Policy no. ABN

Brokers claim number

Address

City State Postcode

Contact name

Work Mobile

Home Email

SECTION 2 – GOODS SERVICES TAX (GST) DETAILS

Are you registered for GST? Yes No

To what extent can you claim an input tax credit on your insurance premiums? %

SECTION 3 – GENERAL INFORMATION

Address of project site

Briefly describe your project

Estimated final project value

Value of works completed when the incident occurred

Project commencement date / /

Defects Liability Period

Date of loss/event / / Time AM PM

Did the loss/event occur at the project site? Yes No

If no, please provide address of where the loss occurred

Was the loss or damage reported to the Police or other authority?

Yes No

If yes, provide a copy of the report

Report number

Name of officer

Police station or office

If no, please provide reason for not reporting

If Police or other authority charges were laid or are pending, please provide details

SECTION 4 – TYPE OF LOSS

Does this claim involve only insured property?

Yes No

If yes, complete section 5 only

Does this claim involve only damage or injury to a third party?

Yes No

If yes, complete section 6 only

Does this claim involve both insured property AND a third party?

Yes No

If yes, complete BOTH sections 5 and 6

SECTION 5 – INSURED PROPERTY

Please describe what happened

What is lost or damaged? (Specify if pre-existing property and/or new construction and/or plant, equipment or tools)

Who owned the lost or damaged property?

In your own opinion who is responsible for the loss or damage? (Please provide reasons)

Estimate of loss or damage (incl. GST) \$

Do you have or do you know of any other insurance under which the loss or damage may be claimed? Yes No

If yes, please provide details of other insurance cover

SECTION 6 — THIRD PARTY LIABILITY

Please describe what happened

Was a vehicle or mobile machinery involved? Yes No

If yes, please provide a description of the vehicle or mobile machinery and registration number/serial number

Description of vehicle or mobile machinery

Registration number

Serial number

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

If yes, please provide driver details and a copy of the licence held

Driver name

Type of licence

Date of birth

Please provide name, address and contact details of the owner of the damaged/lost property or the injured (deceased) third party/parties

Contact name

Address

City

State

Postcode

Phone

If a third party was injured, was hospitalisation required? Yes No

Were there any witnesses? Yes No

If yes, please provide name and contact details of witness

Has any claim been made against you by the injured party/parties? Yes No

If yes, please attach copies of all correspondence relating to the claim

Have you admitted responsibility to any third party? Yes No

If yes, please provide details

Do you feel responsible for the damage and/or injury? (Please explain why) Yes No

SECTION 7 – HISTORY

Have you had any other losses or previously made a claim against any insurance company in the last 3 years? Yes No

If yes, please provide details of nature of loss, date of loss, insurer and value

Have you had any insurance or renewal of insurance refused, cancelled, or had specialised conditions imposed? Yes No

If yes, please provide details

Have you been charged with, or convicted of any criminal offence? Yes No

If yes, please provide details

ELECTRONIC FUNDS TRANSFER DETAILS

Following SURA Construction P/L's approval of your claim, your claim benefits can be transferred directly into your bank account.

Please provide the following details:

Name of Financial Institution

Account Name

BSB

Account No

Bank SWIFT code (if required)

PRIVACY POLICY

We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information.

Our Privacy Policy explains how we collect, use, disclose and handle your personal information as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs.

A copy of our Privacy Policy is located on our website at www.sura.com.au
Please access and read this policy.

If you have any queries about how we handle your personal information or would prefer to have a copy mailed to you, please ask us.

If you wish to access your file please ask us.

DECLARATION

I, (Full Name)

Position

Of the Insured and on behalf of the Insured declare the above answers to be true and correct in every particular and acknowledge that SURA may make its decision on indemnity having regard to these answers.

I consent to SURA using the personal information which I have provided on this form for the purposes of processing this claim. I understand that if I choose not to provide the required details, SURA may not be able to process this claim.

I consent to SURA disclosing my personal information to other insurers, an insurance reference service, or as required by law. I also consent to SURA disclosing my personal information to, and/or collecting information about me, from third parties such as investigators or legal advisers. Where I have provided information about another individual (for example an employee or client), I declare that the individual has or will be made aware of that fact.

SIGNATURE: _____

DATE: _____