



HSB Engineering
 Insurance Limited
 Level 7, 155 George Street
 Sydney NSW 2000
 Phone: 1300 739 472

Contract Works Claim/ Incident Report

Your supply or our acceptance of this form is not an admission of liability on the part of HSB

Fax To: 1300 852 472 or mail to HSB Australia, GPO Box 4257 NSW 2001

HSB Claim No: _____

PLEASE USE BLOCK LETTERS

The Named Insured

Name _____
 Contact Person _____
 Work Phone No _____ Mobile Phone No _____
 Postal Address _____ State _____ Postcode _____
 Broker/ Agent Name _____ Phone No _____
 Policy No _____
 Inception Date _____ Expiry Date _____ Excess \$ _____

Interested Party: Is the property damaged covered under a Financial Agreement? Yes No

Name of Financier _____ Phone No _____

GST: Are you registered for GST purpose? Yes No ABN _____

To what extent are you entitled to claim an Input Tax Credit on the GST for this policy? _____ %

Principals Name _____

Contractor's Name: _____

If you are not the Contractor, what is your contractual relationship to the contractor? _____

Particulars of when and where the claim/ incident happened

Date of claim/ incident _____ Time of claim/ incident _____ am/ pm

Unit _____ Street No _____ Street _____

Town/ City _____ State: _____ Postcode: _____

Contract Value \$ _____ Commenced on _____ Completion on _____

Testing/ Commissioning Period of _____ weeks Maintenance Period of _____ weeks

Description of claim/ incident _____

Schedule of lost or damaged property (or attach separate list)

Description of Items lost or damaged	Value	Amount claimed	% ITC *
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

* Please show the extent to which you can claim an Input Tax Credit for each item

Police Report: If theft, burglary or malicious damage, did you report the incident to a police station within 24h?

No Why not? _____
Yes Name of officer: _____ Police Station: _____
Date & Time: _____ @ _____ am/ pm Case No: _____

Personal Injury: Was any person injured as a result of the incident? (*Remember to enter details in site diary*)

No
Yes Name of Person _____ Age _____ Sex M F
Address _____
_____ State _____ Postcode _____
Telephone No (H) _____ Telephone No (W) _____
Occupation _____ Employed by _____
Nature of injury _____
Date reported _____ and to whom _____
Has a formal approach been made to you on behalf of the Third Party? Yes No
If yes, give details _____

If you receive any written communication, do not respond. Attach it to this form.

Property damage: Was any third party's property damaged as a result of the incident? (*Remember to enter details in site diary*)

No
Yes Details _____
_____ Estimated cost: \$ _____
Name of owner _____
Address _____
_____ State _____ Postcode _____
Telephone No (H) _____ Telephone No (W) _____

Witnesses: Were there any witnesses to the incident? If yes, please complete below Yes No

Name of Witness(es) _____
Address _____
_____ State _____ Postcode _____
Telephone No (H) _____ Telephone No (W) _____
Where was the witness? _____

If you receive any written communication, do not respond. Attach it to this form.

HSB Privacy Statement and Authority

We have always valued Your privacy. From 21 December 2001 we are bound by the *Privacy Act* 1988 and the Insurance Council of Australia Privacy Code (once operational) when we collect and handle your personal information.

About your information

At HSB, we collect personal information that is necessary to provide and manage the products or services we offer, develop and identify products and services that may interest You and to conduct market or customer satisfaction research.

We disclose personal information to third parties when necessary to assist us and them in providing and managing the relevant services and products. This may include agents, brokers, contractors, insurers, reinsurers, loss assessors, medical practitioners, insurance intermediaries, insurance reference bureaus, credit reference agencies, our and your advisers, persons involved in the claims handling process, Government authorities, courts, tribunals or other dispute resolution bodies. We limit the use and disclosure of any personal information provided by us to them to the specific purpose for which we supplied it.

You authorise HSB to collect, use and disclose your personal information for these purposes. You also give express authority for HSB to, where applicable:

- Obtain details of any insurance held by You now or in the past, or any claims experience under that insurance, whether with HSB or another organisation, which may be relevant to the acceptance of Your application or proposal, or to the resolution of a claim; and
- Collect, use and disclose Your personal information that amounts to sensitive information under the Act, as required to provide and manage the relevant product or service.

Personal information about others

If we give You personal information, You and Your representatives must only use it for the purposes to which we agree. Where relevant, You must meet the requirements of the Privacy Act when collecting, using, disclosing and handling personal information on our behalf. You must also ensure that Your agents, employees and contractors meet the above requirements.

When You give us personal information about other individuals, we rely on You to have made or make them aware that You will or may provide their information to us and the types of third parties we may provide it to, the relevant purposes we and the third parties 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.

If You do not agree to the above we may not be able to provide You with our services or products. If you wish to request access or correction to the information we hold about You, opt out of receiving materials we send or request a copy of our privacy policy then contact the Privacy Manager, HSB Corporation Limited, GPO Box 129, Sydney 2001.

Industry Dispute Resolution Statement

Disputes are not an everyday occurrence at HSB. 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 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. I/ We acknowledge that if I/we do not agree to the collection of this personal and sensitive information then HSB will be unable to process my/ our claim.

No of additional pages attached

Signature of the Insured

Date