

contract works claim form

(including contractors combined public and products liability claims)



Wesfarmers General Insurance Limited, ABN 24 000 036 279

The issue or acceptance of this form is not to be construed as an admission of liability by Lumley Insurance.

Please complete all questions to prevent processing delays.

1. Material Damage

Policy number

Claim number

Contact name

Insured

Phone number (w)

Phone number (h)

Mobile number

Email

Postal address

Postcode

2. Goods and Services Tax (G.S.T.)

ABN, if applicable

Entitlement to an Input Tax Credit

3. Site Details

Site address

Postcode

Date of loss (dd/mm/yyyy)

Contract period commenced (dd/mm/yyyy)

Practical completion (dd/mm/yyyy)

What happened? (please provide a sketch if appropriate)

What is lost or damaged?

Estimate amount of claim

If theft occurred, please attach the police compliant acknowledgement form.

| | |
|-----|---|
| NSW | Lumley House, Level 9, 309 Kent Street, Sydney 2000 Suite 19, 50 Glebe Road, The Junction 2291 |
| VIC | Level 3, 99 King Street, Melbourne 3000 |
| ACT | Level 4, 10 Rudd Street, Canberra City 2601 |
| TAS | Level 11, 27 Paterson Street, Launceston 7250 |
| SA | 465 Pulteney Street, Adelaide 5000 |
| WA | Level 9, 50 St George's Terrace, Perth 6000 |
| QLD | Level 2, 99 Melbourne Street, South Brisbane 4101 Level 5, Northtown Tower, Flinders Mall, Townsville 4810 |
| NT | Level 2, Beagle House, 38 Mitchell Street, Darwin 0800 |

| | |
|----------------------|--------------------|
| Phone (02) 9248 1111 | Fax (02) 9248 1122 |
| Phone (02) 4925 7500 | Fax (02) 4940 0295 |
| Phone (03) 8627 4333 | Fax (03) 8627 4312 |
| Phone (02) 6279 0333 | Fax (02) 6279 0330 |
| Phone (03) 6345 4700 | Fax (03) 6345 4711 |
| Phone (08) 8228 1700 | Fax (08) 8228 1775 |
| Phone (08) 9220 8222 | Fax (08) 9220 8251 |
| Phone (07) 3307 4800 | Fax (07) 3307 4899 |
| Phone (07) 4722 6000 | Fax (07) 4724 4398 |
| Phone (08) 8946 4600 | Fax (08) 8228 1775 |

Lumley Insurance is a trading name of Wesfarmers General Insurance Limited

4. Third Party Liability

Claim number

Policy number

(a) Did injury to third parties occur?

No

Yes



If **Yes**, please provide the following details on the injured person

Injured persons name

Postal address

Postcode

Phone number (w)

Phone number (h)

Mobile number

Was the person working onsite?

No

Yes

Date of injury (dd/mm/yyyy)

Time of accident

Was hospitalisation required?

No

Yes

What happened?

What injuries were sustained?

Do you consider anyone else to be responsible for the injury?

No

Yes

If so, why?

(b) Did third party property damage occur?

No

Yes

Contact name of third party

Postal address

Postcode

Date of accident (dd/mm/yyyy)

Time of accident

What was the damage? (including consequential loss of profits)

What is the estimated amount of the damage?

Do you consider anyone else to be responsible for damage?

No

Yes

If so, why?

(c) Please give names and addresses of any witnesses;

Contact name

Contact phone number

Postal address

Postcode

Did work cover attend?

No

Yes

4. Third Party Liability (continued)

Do you know of any other insurance policy which covers the damage of items covered under the Material Damage Section, or the Personal Injury or Property Damage covered under the Liability Section of our policy?

No Yes  If **Yes**, please explain

Please attach or keep all invoices/receipts and photographs to support your claim. Do not destroy or otherwise relinquish possession of damaged parts to support your claim.

5. Declaration

I/We certify that the information given in this claim form is truthful, accurate and complete. No information likely to affect this claim has been withheld.
I/We understand that this claim may be refused in whole if the information is untrue, inaccurate or concealed.

Signature

Date (dd/mm/yyyy)