

## Contract Works Incident Report

The supply or acceptance of this form is not an admission of liability on the part of the Allianz.

### Claim Number

**Name of Insured:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_  
**Home Phone No:** \_\_\_\_\_ **Work Phone No:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_  
**Postal Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ **Postcode:** \_\_\_\_\_  
**Broker/Agent Name:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_  
**Policy No.:** \_\_\_\_\_ **Excess \$:** \_\_\_\_\_  
**Inception Date:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

**Interested Parties:** Is the property being claimed for under a Financial Agreement? Yes  No

**Name of Financier:** \_\_\_\_\_ **Contract No.:** \_\_\_\_\_

**G.S.T.:** Are you registered for GST purposes? Yes  No  **A.B.N.:** \_\_\_\_\_

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

**Principal's Name:** \_\_\_\_\_  
**Contractor's Name:** \_\_\_\_\_  
**Your relationship to Contractor (e.g. Subcontractor?):** \_\_\_\_\_ **Contract Value \$:** \_\_\_\_\_  
**Risk Situation:** \_\_\_\_\_  
 \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Contract Commencement Date:** \_\_\_\_\_ **Completion Date:** \_\_\_\_\_  
**Construction Period:** \_\_\_\_\_ weeks **Maintenance Period:** \_\_\_\_\_ weeks

**Incident Details: Location:** \_\_\_\_\_  
 \_\_\_\_\_ **Postcode:** \_\_\_\_\_  
**Date of Incident:** \_\_\_\_\_ **Time of Incident:** \_\_\_\_\_  
**Describe the Incident:** \_\_\_\_\_  
 \_\_\_\_\_  
**Initial estimate of Loss or Damage:** \_\_\_\_\_ \$

Schedule of Items Lost (or if insufficient space attach list)	Value	Amount Claimed	%ITC*
	A\$	A\$	
	A\$	A\$	
	A\$	A\$	
	A\$	A\$	
	A\$	A\$	

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

**Police Report:** Did you report the theft to a police station within 24 hours?

No  Reason: \_\_\_\_\_  
Yes  Name of Officer: \_\_\_\_\_ Police Station: \_\_\_\_\_  
Police Report No. \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm

**Personal Injury:** Was any person injured as a result of the incident? Yes  No

If Yes, Name of Injured Person \_\_\_\_\_ Age \_\_\_\_\_ years Sex \_\_\_\_\_  
Address \_\_\_\_\_ Postcode \_\_\_\_\_  
Telephone No. (Home) \_\_\_\_\_ Telephone No. (Work) \_\_\_\_\_  
Occupation \_\_\_\_\_ Nature of Injury \_\_\_\_\_  
Date Reported \_\_\_\_\_  
To whom reported? \_\_\_\_\_

**Remember to also enter details of the accident into your site diary or accident report register**

Has a formal approach been made to you by or on behalf of the Third Party? Yes  No

If Yes, give details \_\_\_\_\_  
\_\_\_\_\_

**If you received any written communication, do not answer. Attach it to this form.**

**Property Damaged:** Please give details below if any third party's property was damaged.

Owner of damaged property \_\_\_\_\_  
Address \_\_\_\_\_ Postcode \_\_\_\_\_  
Telephone No. (Home) \_\_\_\_\_ Telephone No. (Work) \_\_\_\_\_  
Description \_\_\_\_\_ Estimated Cost \$ \_\_\_\_\_

**Witnesses:** Were there any witnesses to the event (if yes, please complete the following) Yes  No

Name(s) of Witness(es) \_\_\_\_\_  
Address \_\_\_\_\_ Postcode \_\_\_\_\_  
Telephone No. (Home) \_\_\_\_\_ Telephone No. (Work) \_\_\_\_\_  
Where was the witness? \_\_\_\_\_

**If you received any written communication from the third party, do not answer. Attach it to this form.**

**Privacy:** The Privacy Act 1988 requires us to tell you that as an insurer we collect your personal and sensitive information in order to calculate your loss and entitlements, determine our liability, compile data and handle claims.  
When handling claims, we may disclose your personal and other information to third parties such as other insurers, loss adjusters, external

claims data collectors, investigators and agents, to the Insurance Reference Services (IRS), etc or other parties as required by law.  
You have the right to seek access to your personal information and to correct it at any time. Please contact us on 1300 360 529 EST 9am-5pm, Mon-Fri and advise us of the changes.

**IDR Statement:** Disputes are not an everyday occurrence at Allianz. 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 understand that this claim may be refused if information is untrue, inaccurate or concealed.  
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 Allianz will be unable to process my/our claim.

Signature of Insured \_\_\_\_\_ Date \_\_\_\_\_