

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)