

Project / Construction



Claim Form

1. INSURED'S DETAILS

Policy Details

Policy Number

Brokers Claim Number

Name of Insured

Contact Person

First Name

Last Name

Work Phone Number

Mobile Phone Number

Email

Address for notices

Number, Street Address

City / Suburb

Postcode

2. GOODS AND SERVICES TAX (GST) DETAILS

Goods and Services Tax

Are you Registered for GST

Yes

No

GST % (If varied from 100%)

%

New Zealand Business Number

3. INSURED'S GENERAL INFORMATION

Loss Information

DD / MM / YYYY

Date of Loss

:

AM / PM

Time of Loss / Event

Did the loss / event occur at the project site? If "No", please provide address of where the loss occurred.

Yes

No

Nature of the project or contract works

Project Details

Estimated Final project Value

Exc. GST*

Value of works completed when the incident occurred

Exc. GST*

*Unless an owner-builder, in which case include GST

DD / MM / YYYY

Project Commencement Date

DD / MM / YYYY

Anticipated / Actual Practical Completion / Occupancy Certificate Date

Defects Liability Period (DLP)

Project Site

Number, Street Address

City / Suburb

Region

Postcode

Police

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

Yes

No

If "Yes", please provide details 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 advise details.

4. CATEGORY OF CLAIM

Category Does the claim refer to loss or damage to property under construction or renovation? If 'Yes' (Do not complete Section 6) Yes No

Does the claim refer to damage to third party property or injury or death to third parties? If "Yes" (Do not complete Section 5) Yes No

Please note: If you have answered Yes to both questions at point 4. Please complete all sections of the form.

5. LOSS OR DAMAGE TO PROPERTY UNDER CONSTRUCTION OR RENOVATION

What happened?

What is lost or damaged?

(Specify if existing structure and / or new construction and / or plant, equipment or tools)

Responsibility

Who owned the lost or damaged property?

Owners Name

Who is the principal in the project?

Principals Name

In your opinion who is responsible for the loss or damage?

Person Responsible for the Loss

Estimate of loss or damage

Estimated Loss Value

Do you have, or do you know of, any other Insurance under which the loss or damage may be claimed? If "Yes", please provide details of other insurance cover:

Yes No

6. DAMAGE TO THIRD PARTY PROPERTY OR INJURY (OR DEATH) TO THIRD PARTY

What happened?

What is damaged and/or what injuries were suffered?

Plant Items

Was a vehicle or plant involved? If yes, please provide description:

Yes No

Description of Plant

Registration Number

Serial Number

Driver Information

Was the driver licensed to drive/operate the vehicle or plant?

Yes No

If yes, provide driver details
Also include a copy of the license held.

Drivers Name

Type of Licence

Licence Number

Date of Birth

**Person Injured/Third Party
Property Owner**

First Name

Last Name

Number, Street Address

City / Suburb

State

Postcode

Phone Number

Mobile Phone Number

Event Information

Third Party

Relationship of third party to you or your company

If a third party was injured, was hospitalisation required?

Yes No

Has any claim been made against you by the injured party / parties? If "Yes", please attach copies of all correspondence.

Yes No

Responsibility

Have you admitted responsibility to any third party? If "Yes", please describe.

Yes No

Do you feel responsible for the damage and / or injury? If 'Yes, please justify your answer.

Yes No

Witness(es)

Were there any witnesses?

Yes No

If 'Yes' please provide details below:

Witness #1

Full Name

Postal Address

Phone Number

Email Address

Witness #2

Full Name

Postal Address

Phone Number

Email Address

ADDITIONAL SPACE IF REQUIRED

DECLARATION AND SIGNATURE BY PROPOSER

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 knowingly untrue, inaccurate or concealed from MECON Insurance Ltd.

Signed

Name

Title / Position

Signed

DD / MM / YYYY

Dated