Project / Construction

Claim Form

MECON INSURANCE

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

$ Exc. GST*

Estimated Final project Value

$ Exc. GST*

Value of works completed when the incident occurred

*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

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	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 ☐

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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	Witness #2
Full Name	Full Name
Postal Address	Postal Address
Phone Number	Phone Number
Email Address	Email Address

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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

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