

For Your Information

1. Ensure you:
 - (a) observe the principles of **Utmost Good Faith**,
 - (b) comply with your **Duty of Disclosure**,
 - (c) comply with the General Condition of the Policy relating to **Claim Conduct**,
 - (d) comply with the General Condition of the Policy relating to **Fraud**, and
 - (e) comply with the General Condition of the Policy (in Policies containing a Public Liability Section) relating to **Admission of Liability**.

2. MECON has an obligation to you to handle your claim efficiently and in accordance with the Policy. In the unlikely event that a dispute with MECON arises in relation to your claim, please refer to the Important Information on Disputes contained in the Policy for guidance.

3. Please answer all questions relating to your claim in full to assist MECON in processing your claim as efficiently as possible.

4. Contact Us:
Mechanical and Construction Insurance Pty Ltd
 A.B.N. 58 106 907 055
 PO BOX R1789 Royal Exchange NSW 1225
 Ph 02 9252 1040 Fax 02 9252 1050
 e-mail: claims@mecon.com.au

5. **To assist in the efficiency of MECON's claims process please attach copies of the following documents (should you have them in your possession):**
 - Initial purchase invoices (supporting data and proof of purchase/ownership)
 - Repair quotations
 - Repair Invoices
 - Any writ (should this be a liability claim)
 - Summons
 - Letters of demand
 - Complaints received in relation to the claim
 - If hired equipment, please provide a copy of the hire agreement
 - Any further documents you believe would assist in the claims process
 - If you are unable to fit your answers in the boxes supplied please attach a covering page with the full details.

1. Insured's Details

Policy number:	Broker's claim number:	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Name of insured:		
<input style="width: 99%;" type="text"/>		
Contact name:		
<input style="width: 95%;" type="text"/>		
Phone number: (W)	Phone number: (H)	Mobile phone number:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
E-mail address:		
<input style="width: 99%;" type="text"/>		
Postal address:		
<input style="width: 99%;" type="text"/>		

2. Goods and Services Tax (GST) Details

Registered for GST	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Australian Business Number (ABN), if applicable	GST percentage, if it varies from 100%	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/> %	

Contractors Plant

3. General Information

Date of loss/event Time of loss/event

Was a vehicle or plant involved? Yes No

If yes, please provide registration number/serial number:

Description of plant

Registration number: Serial No:

Was the driver licensed to drive/operate the vehicle or plant? Yes No

If yes, please provide driver details and a copy of the license held:

Name:	Type of license	License No.	DOB
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Did the loss occur on private property? Yes No

Did the loss occur on a public road or public place? Yes No

Please provide location of where the loss occurred:

Was the property hired in or hired out? Yes No If Yes please provide copy of hire agreement

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

Does the claim refer to loss or damage to plant, equipment or tools? No Yes (Do not complete section 6)

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

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 Plant, Equipment or Tools

What happened?

Description of lost or damaged item(s): (Attach list if insufficient space, also please attach proof of purchase)

At the time of the incident who owned the lost or damaged property?

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

What is the relationship of the responsible party to your company?

Will your company suffer any financial losses in addition to the damage/loss due to this damage/loss?

Estimate of material loss or damage

\$ inc. GST

Estimate of financial loss

\$ inc. GST

Were there any witnesses? Yes No

If yes, please provide name and contact details of witnesses:

Name:

Name:

Address:

Address:

Phone No:

Phone No:

Do you have, or do you know of, any other insurance under which the loss or damage may be claimed? Yes No

If Yes, please provide details of other Insurance cover:

6. Damage To Third Party Property or Injury (or death) To People

What happened?

What is damaged and/or what injuries were suffered?

CLAIM FORM

Name, address and contact details of the owner of the damaged/lost property or the injured (deceased) third party/parties.

Name:

Address:

Phone No:

Your action at the scene of the occurrence and subsequent action.

If a third party was injured, was hospitalisation required? Yes No

Relationship of the third party to you or your company:

Were there any witnesses? Yes No

If yes, please provide name and contact details of witnesses:

Name: Name:

Address: Address:

Phone No: Phone No:

Has any claim been made against you by the injured party/parties? Yes No

If Yes, please attach copies of all correspondence relating to the claim.

Have you admitted responsibility to any third party? Yes No

If Yes, please provide details:

Do you feel responsible for the damage and/ or injury (justify your answer)

Privacy

MECON respects its insured's privacy and complies with the Privacy Act and the National Privacy Principles. A copy of MECON's privacy information brochure is available from our office or website www.mecon.com.au.

Declaration and Signature

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.

Signature Date

Name

Position