

Construction Insurance Claim Form



General information:

- Please return the Claim Form and any attachments to claims@mbqld.com.au
- Do not repair or replace any damaged items unless you are authorised to do so, or it is necessary to prevent further loss or damage occurring.
- Do not admit any liability for any third party loss, damage or personal injury.
- Call Master Builders Insurance Services if you require any assistance to complete this form.

| | |
|--|--|
| Insured: | |
| Phone: | ABN: |
| GST registered: <input type="checkbox"/> Yes <input type="checkbox"/> No | GST percentage: 100% <input type="checkbox"/> or other % |
| Postal address: | |
| Contact: | |
| Location of job: | |
| Owner: | |
| Policy number: | Date of loss or damage: / / 20 |

Project details:

| | | | | |
|---|--|--------------------------------------|--|--|
| Project value: \$ | <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | | |
| <input type="checkbox"/> New construction | <input type="checkbox"/> Renovation/alteration | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Upper floor extension | <input type="checkbox"/> Spec/Display Home |
| Other (please describe): | | | | |
| Start date: / / 20 | Completion date: / / 20 | Defects Liability Period: | Months | |

(Estimated or actual date)

How did the loss, damage or injury occur?

| | |
|---|--|
| Did any party, other than the insured, cause the loss, damage or injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, please provide: | |
| Name: | |
| Address: | |

PLEASE ALSO COMPLETE THE REVERSE SIDE OF THIS FORM:

- Loss or Damage to Your Property – Complete Sections 1 and 3 only.
- Loss or Damage to Third Party Property – Complete Sections 2 and 3 only.
- Personal Injury to Other Persons – Complete Sections 2 and 3 only.

Master Builders Queensland Insurance Services Australian Financial Services Licence No 246834

A Division Of Queensland Master Builders Association Industrial Organisation of Employers ABN 96 641 989 386

Master Builders, 417 Wickham Terrace, Brisbane Queensland 4000

P 1300 13 13 26 | E claims@mbqld.com.au www.mbqld.com.au

Section 1 – Loss or damage to your property

If your claim involves Theft or Malicious Damage, it must be reported to the Police.

Police station:

Date reported: / / 20

Report number: *(attach copy if available)*

Section 1: Part A – Complete this section for THEFT of Property:

| Item number | Item(s) stolen <i>(Please attach a list, if insufficient space provided)</i> | Amount claimed: \$ |
|---|--|--------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total amount claimed – including GST/excluding GST: | | |

NOTE: *In respect of each of the items claimed, please attach:*

- *The Original Purchase Invoice. Please mark the relevant item number above against that item in the invoice and also*
- *If the item has been replaced, the Replacement Invoice. Please also note each item number as requested above, or;*
- *If the item has not been replaced, a Quotation for the Replacement of the item concerned.*

Section 1: Part B – Complete this section for DAMAGE to Property:

| Item number | Item(s) damaged <i>(Please attach a list, if insufficient space provided)</i> | Amount claimed: \$ |
|---|---|--------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total amount claimed – including GST/excluding GST: | | |

NOTE: *In respect of each of the items claimed, please attach:*

- *A Detailed Quotation for Repair of the Damaged Items. Please mark the item number applicable, on the quotation.*
- *If repairs were authorised, detailed Repair Invoices for the items involved, noting applicable item numbers as above.*

Please provide your EFT details for claim payment purposes:

Bank BSB Number:

Bank account number:

Name of Bank:

Bank account name:

Section 2 – Third Party Property Damage or Personal Injury

Name of the owner of property damaged or the injured person:

Phone:

Address:

Email:

Details of Property Damaged or Personal Injury Sustained:

Have you received a written demand for compensation? Yes No *(If Yes, please attach copy)*

Section 3 – Declaration

I/We hereby declare that the information contained in this Claim Form is true and correct to the best of my/our knowledge. I/We further authorise my insurer to investigate further details and obtain relevant police or medical reports and other information they may deem necessary.

Signed:

Date: / / 20