

**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](mailto: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: 99%;" 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"/> %	

Project/Construction

**3. General Information**

Details of project or contract works:

[Empty text box for project details]

Estimated Final project value:

\$ [ ] inc. GST

Value of works completed when the incident occurred:

\$ [ ] inc. GST

Project commencement date:

[ ]

Anticipated/Actual practical completion/Occupancy certificate date:

[ ]

Defects liability period:

[ ]

Address of project site:

[Empty text box for project site address]

Date of loss/event

[ ]

Time of loss/event

[ ]

Did the loss/event occur at the project site?

Yes  No

If No, please provide address of where the loss occurred:

[Empty text box for loss location address]

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.

[Empty text box for reason for not reporting]

If Police or other authority charges were laid or are pending, please advise details.

[Empty text box for police/authority charges details]

**CLAIM FORM**

**4. Category Of Claim**

Does the claim refer to loss or damage to property under construction or renovation?  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 Property Under Construction or Renovation**

What happened?

[Empty text box for 'What happened?']

What is lost or damaged? (specify if existing structure and/or new construction and/or plant, equipment or tools)

[Empty text box for 'What is lost or damaged?']

Who owned the lost or damaged property?

[Empty text box for 'Who owned the lost or damaged property?']

Who is the principal in the project?

[Empty text box for 'Who is the principal in the project?']

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

[Empty text box for 'In your opinion who is responsible for the loss or damage?']

Estimate of loss or damage

\$  inc. GST

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:

[Empty text box for 'If Yes, please provide details of other insurance cover:']

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

What happened?

[Empty text box for 'What happened?']

Was a vehicle or plant involved? Yes  No

If yes, please provide description of plane and 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

**CLAIM FORM**

What is damaged and/or what injuries were suffered?

[Empty text box for damage description]

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

Name: [Text box]

Address: [Text box]

Phone No: [Text box]

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

[Empty text box for action taken]

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

Relationship of the third party to you or your company:

[Empty text box for relationship]

Were there any witnesses? Yes  No

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

Name: [Text box]

Name: [Text box]

Address: [Text box]

Address: [Text box]

Phone No: [Text box]

Phone No: [Text box]

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:

[Empty text box for details]

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

[Empty text box for justification]

**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](http://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 [Text box]

Date [Text box] / [Text box] / [Text box]

Name [Text box]

Position [Text box]