



Mechanical and Construction Insurance Pty Ltd

STANDARD CLAIM FORM

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

General Information

Insured's Details

1.00	Name of insured		
1.01	Your name		
1.02	Your position with insured		
1.03	Contact person for claim detail		
1.04	Work phone no	1.05	Mobile phone no:
1.06	Tax Status	Registered Business ABN	<input type="checkbox"/> YES <input type="checkbox"/> NO Taxable %
1.07	Broker's name		
1.08	a) Type of Policy you have with MECON		
	b) Policy Number		
1.09	What is the address where MECON or our assessor can:		
	a) Visit the contact person for the claim?		
	b) Sight the damage and/or the place where the Event or Occurrence happened?		

Standard Claim Form

STANDARD CLAIM FORM

Category of Claim

2.00	Does this claim involve:		
2.01	Damage to insured property or spoilage (If yes, please go to 3.00)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.02	Disappearance of insured property (If yes, please go to 4.00)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.03	Personal Injury (or death) of people? (If yes, please go to 5.00)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.04	Threat of legal action, suggestion of legal liability, damage to the property of others, or receipt of a related writ or summons? (If yes, please go to 6.00)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Claim Detail

(Please provide answers to all Sections and each question number relevant to your claim on Pages 3 and 4. Answer "N/A" to questions **not applicable** to the claim.)

Damage to your Plant or Equipment and/or Spoilage

3.00	Please describe (in detail):
3.01	What is lost or damaged and the quantity of that loss/damage? (Please also provide your estimate of the cost and time it will take to repair or replace the damage)
3.02	What happened, when and at what time?
3.03	Where did the loss/damage occur?
3.04	Who was responsible for the loss/damage and their relationship to you/your company?
3.05	Any financial losses (in addition to the damage) which you may incur because of the loss/damage, (including amounts).
3.06	Names and contact details of any witnesses to the event.
3.07	Any further information you consider to be relevant to this matter.
3.08	If the damage was maliciously perpetrated, please provide the Police complaint number, Police Station and the name of the Police Officer you contacted to report the loss/damage.

STANDARD CLAIM FORM

Disappearance/Theft/Burglary

4.00	Please describe (in detail):
4.01	What has disappeared?
4.02	When and at what time it disappeared (or when you noticed the disappearance)?
4.03	Where it disappeared from and the circumstances surrounding its disappearance?
4.04	The Police complaint number, Police Station and the name of the Police Officer you contacted to report the disappearance?
4.05	Any damage to your property which accompanied the disappearance?
4.06	Any further information you consider to be relevant to this matter.

Personal Injury

5.00	Please describe (in detail):
5.01	What happened?
5.02	When and at what time it occurred?
5.03	Where it occurred?
5.04	Who sustained Personal Injury and their contact details?
5.05	The extent of their injuries (as far as you know)?

STANDARD CLAIM FORM

5.06	The injured person's relationship to you/your company?
5.07	Your action at the scene of the Occurrence and subsequently?
5.08	If you were not in attendance when the Personal Injury occurred, when did you first learn of the Occurrence and how did you learn about it?
5.09	The names and contact details of any witnesses.
5.10	If Personal Injury was caused by your Vehicle or Plant, attach a diagram showing its position on the road or Site relative to the injured person at the time of the Occurrence.
5.11	Please attach copies of any writ, summons, letter of demand or complaint received in relation to this matter. (Please note "writ [or type of document] attached" in answer to this question).

Damage to Property of Others

6.00	Please describe (in detail):
6.01	What is the basis of the claim being made against you?
6.02	What is your recollection of the Occurrence (if you cannot recall, state "nothing"), including when and at what time it purportedly occurred. If you answer "nothing", also advise when you first learnt of the Occurrence?
6.03	Where is the damage purported to have occurred?
6.04	The claimant's relationship to you/your company?
6.05	The names and contact details of the claimant(s).

STANDARD CLAIM FORM

6.06	The names and contact details of any witnesses to the Occurrence.
6.07	Any further information you consider to be relevant to this matter.

6.08	Please attach copies of any writ, summons, letter of demand or complaint received in relation to this matter. (Please note "writ [or type of document] attached" in answer to this question).
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Check List

Have you completed:

a) all General Information questions 1.00 to 1.08 inclusive?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
b) all Damage to your Plant or Equipment and/or Spoilage questions 3.01 to 3.08 inclusive?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
c) all Disappearance/Theft/Burglary questions 4.01 to 4.06 inclusive?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
d) all Personal Injury questions 5.01 to 5.11 inclusive?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
e) attachment of diagram for question 5.10?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
f) all Damage to Property of Others questions 6.01 to 6.08 inclusive?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
g) attachment of invoices, statements or quotations to support the amount of your claim?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A

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			