

Tokio Marine & Nichido Fire Insurance Co., Ltd. ABN 80 000 438 291 Managing Agent in Australia: Tokio Marine Management (Australasia) Pty. Ltd.

ABN 69 001 488 455 Level 31, 9 Castlereagh Street, Sydney NSW 2000 GPO Box 4616, Sydney NSW 2001 Tel. (02) 9232 2833 Fax. (02) 9232 6374

http://www.tokiomarine.com.au

Email:

claimsinfor@tokiomarine.com.au

PLEASE USE CAPITALS TO FILL IN CLAIM FORM

Contract Works Claim Form (Material Damage/Loss) the company does not admit liability by the issue of this form. It is issued to enable the insured to lodge a written statement of claim.

Please fill in all relevant sec	ctions				1			
Policy Number								
Name of Insured								
Postal Address								
								Postcode
]			rostcode
Contact Person					J			
Phone No]	Мо	bile Number	
Contact Email Address						1		
Contact Email Address								
Goods and Services Tax -	To ensure you do	not incur any unn	ecessary GST liabilit	y on this claim,	please advise you	r:		
ABN					Entitlement to ITC in re	espect of	[Premium %
ADIN					Littlement to TC III to	spect of		Claim %
Contract/Project Details								
Name of Project site owner								
Project site Address							ı	
							Postcode	
Is the project:	_		_		_			
Residential Construction New Construction		mmercial Construction novation	片	Maintenance Display Home	님			
Other		novation		Display Home				
Contract Start Date				Contract End Date				
Contract Price				Maintenance Period				
Damage/loss details								
Date of damage/loss				Time of damage/ los			AM/PM	
				Time of damage, los			AWATIVI	
Location of damage/ loss								
								Postcode
Description of how the damage/ loss occurred								
3 /								
							1	
How was the damage/loss								
discovered and by whom?								
Is your claim for malicious damage	or theft?							
How was entry gained?								
Were the police notified?	Yes		No		Date Reported			
Police report number								
Who is the owner of the damaged/	lost property							
Name								
Address								
								Postcode
								rostcode
Contact Telephone Number(s)								
Please provide details of any other	party responsible fother	e damage/ loss						

Name													
Address													
, add ess							Postcode						
Contact Telephone number(s)													
If a subcontractor is responsible please provide the following													
Name of Subcontractor													
Name of Subcontractors insurer Policy Number													
Occupation/Trade													
Items to be claimed: mater	ials and rebuilding costs/stolen or da	maged items	_	_	_	_							
Description of Item(s) (include make. Model & serial numbers if relevant Date of Purchase Purchase Price (\$) Replacement Cost (\$) GST Net Amount Claimed (\$)													
						Total \$							
Please Note			_		_	_	_						
	the details of the claim. Attach a separate shee	t if you have insufficient s	space.										
Send all quotations you have received to repair or replace property or invoices or receipts if the goods have already been repaired													
If at all possible, keep damaged items available for inspection, Damaged property must not be disposed of until authorised by Tokio Marine & Nichido Fire Insurance Co Ltd													
Declaration I/We declare that all the particular	s stated above and statements made in suppor	rt thereof are true and co	rrect, that no inform	ation relevant to this c	aim has been with	nheld,							
	st in the said property and that all conditions a any in respect of the said loss, damage or accide				lue at the time of	loss							
	my in respect of the said 1935, duringe of decide			re is bused on a true va	ide de tile tille of								
Signed			Dated										
Your Privacy													
(other than sensitive informati	on about you (including the information you provide in this Clai on, such as information about your health) to your adviser (an with for this purpose. In some cases, we may need to share yo	d any licensee or broker he or she	represents), to our service	providers (including loss adju-									
Where relevant, to assess your claim we will also disclose personal information collected from you, including sensitive information about you (such as information about your health), to medical practitioners, other health professionals, reinsurers, legal representatives and other consultants we use to help us assess your claim. By signing this Claim Form, you consent to those organisations and other professionals collecting, and us disclosing, sensitive information about you for this purpose.													
	providers, key business alliances and the consultants we com												
	ested information or consent to its collection and disclosure as			yed or we may not be able to a	ssess your claim.								
· We may also disclose personal information about you where we are required or permitted to do so by law.													
· In most cases, on request, we will give you access to the personal information we hold about you. Where we are unable to grant you access, we will tell you why.													
	ore about our information handling practices, you can contact		or write to 'The Privacy Of	fficer' at Tokio Marine & Nichio	do Fire Insurance Co Ltd,								
GPO Box 4616, Sydney, NSW, 2	2001. Please provide details of your policy number/s and/or cla	ann number where known.											
Tokio Marine and Nichido Fire Insurance Co Ltd is a member of the insurance industry's Financial Ombudsman Service. This independent service is provided to the insuring public at no cost and aims to resolve claims complaints quickly and informally.													
You should first take your complaint up with our local manager. In most cases the problem will be resolved easily. If you are not satisfied with the outcome, you may contact the Financial Ombudsman Service in your state for advice and assistance in resolving your claim. The telephone number is 1300 780 808 website www.fos.org.au													