

CONSTRUCTION INSURANCE CLAIM FORM



General Information:

- Please return the Claim Form and any attachments to Master Builders Insurance Services.
- 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: YES NO GST PERCENTAGE: 100% OR OTHER %

POSTAL ADDRESS:

CONTACT:

LOCATION OF JOB:

OWNER:

POLICY NUMBER: DATE OF LOSS OR DAMAGE: / / 20

PROJECT DETAILS:

PROJECT VALUE: \$ RESIDENTIAL COMMERCIAL

NEW CONSTRUCTION RENOVATION/ ALTERATION MAINTENANCE

UPPER FLOOR EXTENSION 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? YES 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

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